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July 19, 1996 - Issue 29: Through	June 30, 1996
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January 17, 1997 - Issue 3: Through	December 31, 1996 (Annual)

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May 7, 1996	May 14, 1996	21	May 24, 1996	Nov. 12, 1996	Nov. 19, 1996	48	Dec. 2, 1996 (Mon.)
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June 18, 1996	June 25, 1996	27	July 5, 1996	Dec. 23, 1996	Dec. 31, 1996	2	Jan. 10, 1997

Please note: When the Register deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday (the day before).

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Pay Plan
- 2) Code Citation: 80 Ill. Adm. Code 310
- 3) Section Numbers:
- | | |
|-------------------------|---------|
| 310.100 | Amended |
| 310.270 | Amended |
| 310.280 | Amended |
| 310.290 | Amended |
| 310.Appendix A, Table D | Amended |
| 310.Appendix A, Table J | Amended |
- 4) Statutory Authority: Authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a].
- 5) A Complete Description of the Subjects and Issues Involved: In Section 310.100, Other Pay Provisions, a previous revision is being incorporated into this Section changing Step 1a to Step 1c as the entrance salary of the Schedule of Salary Grades and AFSCME Collective Bargaining Unit schedules.
- In Section 310.270, Legislated and Contracted Rate, the Arbitrator's annual salary should be revised from \$70,666 to \$79,999.
- In Section 310.280, Designated Rate, the following updates reflect changes already approved by the Governor:
- In the Department of Insurance, the Senior Public Service Administrator's annual salary should be revised from \$94,274 to \$97,100.
- In the Department of Natural Resources, the Public Service Administrator position was abolished.
- In Section 310.290, Out-of-State or Foreign Service Rate, the minimum monthly rates for the Revenue Auditor III are being corrected from \$3,685 to \$3,383 for states other than California and New Jersey, and from \$3,709 to \$3,825 for California and New Jersey.
- In Section 310.Table D HR-001 (Teamsters, Local #726), the July 1996 monthly rate for the Maintenance Equipment Operator (Dispatcher) is being corrected from \$3,495 to \$3,459, in subsection (C).
- In Section 310.Table J RC-014 (Clerical Employees, AFSCME), the Telecommunicator Specialist (\$2,153-3,060) and Telecommunicator Lead Specialist (\$2,373-3,399) titles are being added to the RC-014 Collective Bargaining Unit.
- 6) Will this proposed rule replace an emergency rule currently in effect? No

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain any incorporations by reference? No
- 9) Are there any proposed amendments pending to this Part? Yes
- | Section Numbers | Proposed Action | Illinois Register Citation |
|-----------------|-----------------|-----------------------------------|
| 310.290 | Amended | 20 Ill. Reg. 9777 (July 26, 1996) |
| 310.440 | Amended | 20 Ill. Reg. 9777 (July 26, 1996) |
| 310.450 | Amended | 20 Ill. Reg. 9777 (July 26, 1996) |
| 310.456 | Repealed | 20 Ill. Reg. 9777 (July 26, 1996) |
| 310.530 | Amended | 20 Ill. Reg. 9777 (July 26, 1996) |
| 310.540 | Amended | 20 Ill. Reg. 9777 (July 26, 1996) |
| 310.Appendix C | Amended | 20 Ill. Reg. 9777 (July 26, 1996) |
| 310.Appendix D | Amended | 20 Ill. Reg. 9777 (July 26, 1996) |
| 310.Appendix G | Amended | 20 Ill. Reg. 9777 (July 26, 1996) |
- 10) Statement of Statewide Objectives: These amendments to the Pay Plan pertain only to State employees subject to the Personnel Code and do not set out any guidelines that are to be followed by local or other Jurisdictional bodies within the State.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:
- Mr. Michael Murphy
Department of Central Management Services
Division of Technical Services
504 William G. Stratton Building
Springfield IL 62706
(217) 782-5601
- 12) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: None. The Department of Central Management Services' Pay Plan extends only to Personnel Code employees under the jurisdiction of the Governor.
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 13) Regulatory Agenda on which this rulemaking was summarized: These rules were not included on either of the 2 most recent agendas because: they were not known at the time.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

The full text of the proposed amendment(s) begins on the next page.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND
POSITION CLASSIFICATIONS

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PART 310

PAY PLAN

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Section

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310.40 Pay Schedules

310.50 Definitions

310.60 Conversion of Base Salary to Pay Period Units

310.70 Conversion of Base Salary to Daily or Hourly Equivalents

310.80 Increases in Pay

310.90 Decreases in Pay

310.100 Other Pay Provisions

310.110 Implementation of Pay Plan Changes for Fiscal Year 1996

310.120 Interpretation and Application of Pay Plan

310.130 Effective Date

310.140 Reinstitution of Within Grade Salary Increases

310.150 Fiscal Year 1985 Pay Changes in Schedule of Salary Grades, Effective
July 1, 1984 (Repealed)

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Section

310.205 Introduction

310.210 Prevailing Rate

310.220 Negotiated Rate

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310.240 Hourly Rate

310.250 Member, Patient and Inmate Rate

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310.270 Legislated and Contracted Rate

310.280 Designated Rate

310.290 Out-of-State or Foreign Service Rate

310.300 Educator Schedule for RC-063 and HR-010

310.310 Physician Specialist Rate

310.320 Annual Compensation Ranges for Executive Director and Assistant
Executive Director, State Board of Elections

310.330 Excluded Classes Rate (Repealed)

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DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

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310.450	Procedures for Determining Annual Merit Increases
310.455	Intermittent Merit Increase
310.456	Merit Zone
310.460	Other Pay Increases
310.470	Adjustment
310.480	Decreases in Pay
310.490	Other Pay Provisions
310.495	Broad-Band Pay Range Classes
310.500	Definitions
310.510	Conversion of Base Salary to Pay Period Units
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310.530	Implementation
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TABLE I	RC-009 (Institutional Employees, AFSCME)	
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TABLE M	RC-110 (Conservation Police Lodge)	
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DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

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APPENDIX E	Teaching Salary Schedule (Repealed)
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APPENDIX G	Broad-Band Pay Range Classes Salary Schedule

AUTHORITY: Implementing and authorized by Sections 8 and 8a of the Personnel Code [20 ILCS 415/8 and 8a].

SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg. 1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 1199, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 15007, effective August 6, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 15, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 31, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective June 7, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 15043, effective September 24, 1985, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 3325, effective January 22, 1986; amended at 10 Ill. Reg. 3230, effective January 24, 1986; emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 8928, effective June 13, 1986; emergency amendment at 10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 13675, effective July 31, 1986; peremptory amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendment at 10 Ill. Reg. 17765, effective September 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 19132, effective October 28, 1986; peremptory amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; peremptory amendment at 11 Ill. Reg.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

3363, effective February 3, 1987; peremptory amendment at 11 Ill. Reg. 4388, effective February 27, 1987; peremptory amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; peremptory amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; peremptory amendment at 11 Ill. Reg. 15273, effective September 1, 1987; peremptory amendment 11 Ill. Reg. 17919, effective October 19, 1987; peremptory amendment at 11 Ill. Reg. 19812, effective November 19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; peremptory amendment at 12 Ill. Reg. 3811, effective January 27, 1988; peremptory amendment at 12 Ill. Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; peremptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; peremptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; peremptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; peremptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; peremptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; emergency amendment expired on November 17, 1989; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 12647; peremptory amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19221, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; peremptory amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455, effective March 12, 1990; peremptory amendment at 14 Ill. Reg. 7652, effective May 7, 1990; amended at 14 Ill. Reg. 10002, effective June 11, 1990; emergency amendment at 14 Ill. Reg. 11330, effective June 29, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14361, effective August 24, 1990; emergency amendment at 14 Ill. Reg. 15570, effective September 11, 1990, for a maximum of 150 days; emergency amendment expired on February 8, 1991; corrected at 14 Ill. Reg. 16092; peremptory amendment at 14 Ill. Reg. 17098, effective September 26, 1990; amended at 14 Ill. Reg. 17189, effective October 2, 1990; amended at 14 Ill. Reg. 17189, effective October 19, 1990; amended at 14 Ill. Reg. 18719, effective November 13, 1990; peremptory amendment at 14 Ill. Reg. 18854, effective November 13, 1990; peremptory amendment at 15 Ill. Reg. 663, effective January 7, 1991; amended at 15 Ill. Reg. 3296, effective February 14,

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

1991; amended at 15 Ill. Reg. 4401, effective March 11, 1991; peremptory amendment at 15 Ill. Reg. 5100, effective March 20, 1991; peremptory amendment at 15 Ill. Reg. 5465, effective April 2, 1991; emergency amendment at 15 Ill. Reg. 10485, effective July 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 11080, effective July 19, 1991; amended at 15 Ill. Reg. 13080, effective August 21, 1991; amended at 15 Ill. Reg. 14210, effective September 23, 1991; emergency amendment at 16 Ill. Reg. 711, effective December 26, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3450, effective February 20, 1992; peremptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; peremptory amendment at 16 Ill. Reg. 7056, effective April 20, 1992; emergency amendment at 16 Ill. Reg. 8239, effective May 19, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 8382, effective May 26, 1992; emergency amendment at 16 Ill. Reg. 13950, effective August 19, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14452, effective September 4, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 238, effective December 23, 1992; peremptory amendment at 17 Ill. Reg. 498, effective December 18, 1992; amended at 17 Ill. Reg. 590, effective January 4, 1993; amended at 17 Ill. Reg. 1819, effective February 2, 1993; amended at 17 Ill. Reg. 6441, effective April 8, 1993; emergency amendment at 17 Ill. Reg. 12900, effective July 22, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 13409, effective July 29, 1993; emergency amendment at 17 Ill. Reg. 13789, effective August 9, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 14666, effective August 26, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19103, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 21858, effective December 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 22514, effective December 15, 1993; amended at 18 Ill. Reg. 227, effective December 17, 1993; amended at 18 Ill. Reg. 1107, effective January 18, 1994; amended at 18 Ill. Reg. 5146, effective March 21, 1994; peremptory amendment at 18 Ill. Reg. 9562, effective June 13, 1994; emergency amendment at 18 Ill. Reg. 11299, effective July 1, 1994, for a maximum of 150 days; peremptory amendment at 18 Ill. Reg. 13476, effective August 17, 1994; emergency amendment at 18 Ill. Reg. 14417, effective September 9, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16545, effective October 31, 1994; peremptory amendment at 18 Ill. Reg. 16708, effective October 28, 1994; amended at 18 Ill. Reg. 17191, effective November 21, 1994; amended at 19 Ill. Reg. 1024, effective January 24, 1995; peremptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; peremptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; peremptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; peremptory amendment at 19 Ill. Reg. 6688, effective May 1, 1995; amended at 19 Ill. Reg. 7841, effective June 1, 1995; amended at 19 Ill. Reg. 8156, effective June 12, 1995; amended at 19 Ill. Reg. 9096, effective June 27, 1995; emergency amendment at 19 Ill. Reg. 11954, effective August 1, 1995, for a maximum of 150 days; peremptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; peremptory amendment at 19 Ill. Reg. 15103, effective October 12, 1995; amended at 19 Ill. Reg. 16160, effective November 28, 1995; amended at 20 Ill. Reg. 308, effective December 22, 1995; emergency amendment at 20 Ill. Reg. 4060, effective February 27,

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

1996, for a maximum of 150 days; peremptory amendment at 20 Ill. Reg. 6334, effective April 22, 1996; peremptory amendment at 20 Ill. Reg. 7434, effective May 14, 1996; amended at 20 Ill. Reg. 8301, effective June 11, 1996; amended at 20 Ill. Reg. 8657, effective June 20, 1996; amended at 20 Ill. Reg. 9925, effective July 10, 1996; emergency amendment at 20 Ill. Reg. 10213, effective July 15, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 10841, effective August 5, 1996; peremptory amendment at 20 Ill. Reg. _____, effective September 24, 1996; amended at 20 Ill. Reg. _____, effective _____.

SUBPART A: NARRATIVE

Section 310.100 Other Pay Provisions

a) Transfer -- Upon the assignment of an employee to a vacant position in a class with the same salary grade as the class for the position being vacated, the employee's base salary will not be changed. Upon separation from a position of a given class and subsequent appointment to a position in the same salary grade, no increase in salary will be given.

b) Entrance Salary -- Normally upon original entry to state service, an employee's base salary will be at Step 1c 1a of the salary grade.

1) Qualifications above Minimum Requirements --

A) If a candidate possesses directly related training and experience in excess of the minimum requirements of the class specification, the entrance salary may be up to Step 3 as determined by the employing agency. The salary offered should not provide more than a 10% increase over the candidate's current salary.

B) Such qualifications above the minimum requirements must possess documented support for higher than the Step 1c 1a entrance salary. An entrance salary higher than Step 3 must have prior approval from the Director of Central Management Services.

2) Area Differential -- For positions where additional compensation is required because of dissimilar economic or other conditions in the geographical area in which such positions are established, a higher entrance step may be authorized by the Director of Central Management Services. Present employees receiving less than the new rate shall be advanced to the new rate.

3) Upon the geographical transfer from or to an area for which additional compensation has been authorized, an employee will receive an adjustment to the appropriate salary level for the new geographical area of assignment effective the first day of the month following date of approval.

c) Differential and Overtime Pay -- An eligible employee may have an amount added to his/her base salary for a given pay period for work performed which is in excess of the normal requirements for the

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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position and work schedule, as follows:

1) Shift Differential Pay -- An employee may be paid an amount in addition to his/her base salary for work performed on a regularly scheduled second or third shift. The additional compensation will be at a rate and in a manner approved by the Department of Central Management Services. The Director of Central Management Services will approve the manner and rate of this provision after considering the need of the employing agency, the treatment of other similar situations, prevailing practices of other employers, and the equity of the particular circumstances.

2) Overtime Pay --

A) The Director of Central Management Services will maintain a list of titles whose incumbents are eligible for overtime at a time and one-half rate for all hours actually worked in excess of the normal work schedule in any given work week. Overtime shall be paid in cash only unless an employee requests compensatory time off at the time and one-half rate. Such request shall be considered and granted or denied by the agency in light of their operating needs. The employee shall make his/her choice known to the agency not later than the end of the work week in which the overtime was earned. If such compensatory time request is granted it shall be taken within the fiscal year it was earned at a time convenient to the employee and consistent with the operating needs of the agency. Accrued compensatory time not used by the end of the fiscal year in which it was earned shall be liquidated and paid in cash at the rate it was earned.

B) A list will also be maintained by the Director of Central Management Services of titles whose incumbents are eligible for straight-time overtime. Employees in these classes of positions who are assigned and perform work in excess of the normal work schedule as established by the agency shall be compensated at a straight-time rate on either a cash or compensatory time-off basis, as determined by the agency in light of their operating needs, for all hours worked in excess of a normal work week. Overtime in less than one-half hour increments per day shall not be accrued. If compensatory time is not liquidated within the fiscal year during which it is accrued, it must be liquidated at the end of the fiscal year in cash at the employee's rate of pay in effect at the time of liquidation.

3) Incentive Pay -- An employee may be paid an amount in addition to his/her base salary for work performed in excess of the normal work standard as determined by agency management. The additional compensation shall be at a wage rate and in a manner approved by the Director of the Department of Central Management Services. The Director of Central Management Services will approve the

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manner and rate of this provision after considering the need of the employing agency, the treatment of other similar situations, prevailing practices of other employers, and the equity of the particular circumstances.

- 4) Extra Duty Pay -- An employee may be paid an amount in addition to his/her base salary for service in addition to the regular work schedule on a special work assignment. Additional compensation will be at a rate and in a manner approved by the Director of the Department of Central Management Services. The Director of Central Management Services will approve the manner and rate of this provision after considering the need of the employing agency, the treatment of other similar situations, prevailing practices of other employers, and the equity of the particular circumstances.

- d) Part-Time Work -- Part-time employees whose base salary is other than an hourly or daily basis shall be paid on a daily basis which will be computed from annual rates of salary and the total number of work days in the year.

- e) Out-of-State Assignment -- Employees who are assigned to work out-of-state on a temporary basis may receive an appropriate differential during the period of the assignment, as approved by the Director of Central Management Services. The Director of Central Management Services will approve the manner and rate of this provision after considering the need of the employing agency, the treatment of other similar situations, prevailing practices of other employers, and the equity of the particular circumstances.

- f) Lump Sum Payment -- Shall be provided for accrued vacation, sick leave* and unused compensatory overtime at the current base rate to those employees separated from employment under the Personnel Code. Leaves of absence and temporary lay-off (per 80 Ill. Adm. Code 302.510) are not separations and therefore lump sum cannot be given in these transactions. Method of computation is explained in Section 310.70(a) of this Part.

AGENCY NOTE -- The method to be used in computing the lump sum payment for accrued vacation, sick leave* and unused compensatory overtime payment for an incumbent entitled to shift differential during his/her regular work hours will be to use his/her current base salary plus the shift differential pay.

*This compensatory sick leave is for sick leave earned and not taken since January 1, 1984. It is to be liquidated at one half rate.

- g) Salary Treatment Upon Return From Leave -- An employee returning from Military Leave, Peace Corps Leave, Vista Leave, Service-Connected Disability Leave, Leave to accept a Temporary, Emergency, Provisional, Exempt or Trainee position, or Educational Leave will be placed on the step which reflects satisfactory performance increases to which he/she would have been entitled during his/her period of leave. Creditable service date will be maintained. An employee returning to his/her former salary grade from any other leave of over fourteen days will be

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placed at the step on which he/she was situated prior to his/her leave, and his/her creditable service date will be extended by the duration of the leave.

- h) Salary Treatment Upon Reemployment --

- 1) Upon the reemployment of an employee in a class with the same salary grade as the class for the position held before layoff, the employee will be placed at the same salary step as held at the time of the layoff, and his/her creditable service date will be adjusted to reflect that time on layoff does not count as creditable service time.

- 2) Upon the reemployment of an employee in a class at a lower salary range than the range of the class for the position held before layoff, the employee will be placed at the step in the lower salary grade which provides the base salary nearest in amount to, but less than, the current value of the step held at the time of layoff, and his/her creditable service date will be adjusted to reflect that time on layoff does not count as creditable service time.

- i) Reinstatement -- The salary upon reinstatement of an employee will be as determined by the employing agency and approved by the Director of Central Management Services. This salary should not provide more than a 10% increase over the candidate's current salary or exceed the current value of the salary step held in the position where previously certified. In no event is the resulting salary to be lower than the minimum rate or higher than the maximum rate of the salary range.

- j) Extended Service Payment --

- 1) Effective July 1, 1994, the Step 7 rate shall be increased by \$25.00 per month for those employees who have attained ten (10) years of service and have three (3) years of creditable service on Step 7 in the same pay grade.

- 2) Effective July 1, 1994, the Step 7 rate shall be increased by \$50.00 per month for those employees who have attained fifteen (15) years of service and have three (3) years of creditable service on Step 7 in the same pay grade.

- k) Bi-Lingual Pay --

- 1) Effective October 1, 1994, individual positions whose job descriptions require the use of sign language or a second language shall receive an additional 4% or \$75.00 per month whichever is greater in addition to the employee's base rate.

- 2) Effective July 1, 1995, individual positions whose job descriptions require the use of sign language or a second language shall receive an additional 5% or \$100.00 per month whichever is greater in addition to the employee's base rate.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

SUBPART B: SCHEDULE OF RATES

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

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Section 310.270 Legislated and Contracted Rate

The rate of pay for employees occupying positions which require payment in accordance with specified rates set forth in legislation or by contract. The positions and rates of pay in this Section are as follows:

Arbitrator

Annual Salary

\$79,999
\$79,666

When an Arbitrator is serving as an acting Commissioner of the Illinois Industrial Commission, the appropriate rate will be the same as the rate set for a Commissioner.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 310.280 Designated Rate

The rate of pay for a specific position or class of positions where it is deemed desirable to exclude such from the other requirements of this Pay Plan shall be only as designated by the Governor.

Department of Children & Family Services

Private Secretary II

(Pos. No. 34202-16-00-000-03-30)

Annual Salary
43,452

Department of Commerce & Community Affairs

Economic Development Representative II

(Pos. No. 12932-42-35-140-30-01)

Annual Salary
50,400

Private Secretary II

(Pos. No. 34202-42-00-000-01-02)

Annual Salary
43,164

Public Information Officer IV

(Pos. No. 37004-42-00-073-10-01)

Annual Salary
54,552

Public Service Administrator

(Pos. No. 37015-42-35-140-20-01)

Annual Salary
65,592

Department of Insurance

Senior Public Service Administrator

(Pos. No. 40070-14-00-000-00-06)

Annual Salary
97,100
94,274

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Department of Mental Health and Developmental Disabilities

Medical Administrator I, Option D
(Pos. No. 26401-22-59-903-10-02)

Annual Salary
131,250

Medical Administrator II, Option D
(Pos. No. 26403-22-66-260-00-01)

Annual Salary
142,000

Private Secretary II

(Pos. No. 34202-22-15-000-00-01)

Annual Salary
41,004

Department of Natural Resources

Public Service Administrator

(Pos. No. 37015-12-14-220-00-01)

Annual Salary
72,000

Department of Revenue

Public Service Administrator

(Pos. No. 37015-25-12-000-00-01)

Annual Salary
69,744

Department of State Police

Senior Public Service Administrator

(Pos. No. 40070-21-10-000-00-01)

Annual Salary
85,153

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 310.290 Out-of-State or Foreign Service Rate

The rate of pay for employees occupying positions which require payment in accordance with the economic conditions and social legislation of another state or foreign country. An adjustment may be made to the salary of an employee stationed in a foreign country to compensate for a change in the currency exchange rate. The Director of the Department of Central Management Services will, before approving an adjustment, consider the need of the employing agency, the treatment of other similar situations, prevailing practices of other employers, and the equity of the particular circumstances.

Title

Range
Effective
Fiscal Year 1996

Foreign Service Economic Development Executive I

3161-5645

Foreign Service Economic Development Executive II

4048-7397

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Foreign Service Economic Development Representative	2686-4839
Office Administrator IV (States Other Than California and New Jersey) (CA, NJ)	2111-3545
Office Assistant (Foreign Service)	2387-4007
Office Associate (States Other Than California and New Jersey) (CA, NJ)	1719-2252
Public Service Administrator (States Other Than California and New Jersey) (CA, NJ)	1839-2447
Office Coordinator (States Other Than California and New Jersey) (CA, NJ)	2079-2766
Revenue Auditor I (States Other Than California and New Jersey) (CA, NJ)	2831-6009
Revenue Auditor II (States Other Than California and New Jersey) (CA, NJ)	3201-6793
Revenue Auditor III (States Other Than California and New Jersey) (CA, NJ)	1909-2553
Revenue Auditor IV (States Other Than California and New Jersey) (CA, NJ)	2158-2886
Revenue Auditor I (States Other Than California and New Jersey) (CA, NJ)	2601-3609
Revenue Auditor II (States Other Than California and New Jersey) (CA, NJ)	2941-4079
Revenue Auditor III (States Other Than California and New Jersey) (CA, NJ)	3033-4264
Revenue Auditor IV (States Other Than California and New Jersey) (CA, NJ)	3428-4820
Revenue Auditor I (States Other Than California and New Jersey) (CA, NJ)	3685-4789
Revenue Auditor II (States Other Than California and New Jersey) (CA, NJ)	4709-5413
Revenue Auditor III (States Other Than California and New Jersey) (CA, NJ)	2168-2943
Revenue Auditor IV (States Other Than California and New Jersey) (CA, NJ)	2451-3327
Revenue Tax Specialist I (States Other Than California and New Jersey) (CA, NJ)	2168-2943
Revenue Tax Specialist II (States Other Than California and New Jersey) (CA, NJ)	2451-3327

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Revenue Tax Specialist II (States Other Than California and New Jersey) (CA, NJ)	2371-3259
Revenue Tax Specialist Trainee (States Other Than California and New Jersey) (CA, NJ)	2681-3684
Senior Public Service Administrator (States Other Than California and New Jersey) (CA, NJ)	1983-2673
Public Service Economic Development Executive I	2241-3021
Public Service Economic Development Executive II	3901-8901
Public Service Economic Development Representative	4410-10062
Office Administrator IV (States Other Than California and New Jersey) (CA, NJ)	Effective Fiscal Year 1997
Office Assistant (Foreign Service)	3161-5645
Office Associate (States Other Than California and New Jersey) (CA, NJ)	4048-7397
Public Service Administrator (States Other Than California and New Jersey) (CA, NJ)	2686-4839
Office Coordinator (States Other Than California and New Jersey) (CA, NJ)	2111-3545
Revenue Auditor I (States Other Than California and New Jersey) (CA, NJ)	2387-4007
Revenue Auditor II (States Other Than California and New Jersey) (CA, NJ)	1719-2320
Revenue Auditor III (States Other Than California and New Jersey) (CA, NJ)	1839-2521
Revenue Auditor IV (States Other Than California and New Jersey) (CA, NJ)	2079-2850
Revenue Tax Specialist I (States Other Than California and New Jersey) (CA, NJ)	2916-6009
Revenue Tax Specialist II (States Other Than California and New Jersey) (CA, NJ)	3297-6793
Revenue Auditor I (States Other Than California and New Jersey) (CA, NJ)	1909-2630
Revenue Auditor II (States Other Than California and New Jersey) (CA, NJ)	2158-2973
Revenue Auditor III (States Other Than California and New Jersey) (CA, NJ)	2601-3717
Revenue Auditor IV (States Other Than California and New Jersey) (CA, NJ)	2941-4202
Revenue Tax Specialist I (States Other Than California and New Jersey) (CA, NJ)	3033-4392
Revenue Tax Specialist II (States Other Than California and New Jersey) (CA, NJ)	3428-4965

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Revenue Auditor III
(States Other Than California and New Jersey)
(CA, NJ) 33839695-4932
38253799-5576

Revenue Auditor Trainee
(States Other Than California and New Jersey)
(CA, NJ) 2168-3031
2451-3427

Revenue Tax Specialist I
(States Other Than California and New Jersey)
(CA, NJ) 2168-3031
2451-3427

Revenue Tax Specialist II
(States Other Than California and New Jersey)
(CA, NJ) 2371-3357
2681-3795

Revenue Tax Specialist Trainee
(States Other Than California and New Jersey)
(CA, NJ) 1983-2753
2241-3112

Senior Public Service Administrator
(States Other Than California and New Jersey)
(CA, NJ) 4018-8901
4542-10062

(Source: Amended at 20 Ill. Reg. _____, effective _____)

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Section 310.APPENDIX A Negotiated Rates of Pay
Section 310.TABLE D HR-001 (Teamsters Local #726)

A) Department of Transportation - Division of Highways - Emergency Patrol - Northeast Region - (Cook)

	July 1, 1994	July 1, 1995	July 1, 1996
Highway Maintainer	Mo. 3115.00 Hr. 17.90	Mo. 3245.00 Hr. 18.65	Mo. 3385.00 Hr. 19.45
Highway Maintenance Lead Worker	3244.00 18.64	3374.00 19.39	3514.00 20.20
Highway Maintenance Lead Worker (Lead Lead Worker)	3294.00 18.93	3424.00 19.68	3564.00 20.48
Maintenance Worker	3059.00 17.58	3189.00 18.33	3329.00 19.13

B) Department of Transportation - Division of Highways - Northeast Region - (Cook)

	July 1, 1994	July 1, 1995	July 1, 1996
Heavy Construction Equipment Operator	Mo. 3139.00 Hr. 18.04	Mo. 3259.00 Hr. 18.73	Mo. 3384.00 Hr. 19.45
Heavy Construction Equipment Operator (Bridge Crew)	3156.40 18.14	3302.50 18.98	3453.60 19.85
Highway Maintainer	3040.00 17.47	3160.00 18.16	3285.00 18.88
Highway Maintainer (Bridge Crew)	3057.40 17.57	3203.50 18.41	3354.60 19.28
Highway Maintainer (Tractor Mower)	3040.00 17.47	3160.00 18.16	3285.00 18.88
Highway Maintenance Lead Worker	3169.00 18.21	3289.00 18.90	3414.00 19.62
Highway Maintenance Lead Worker (Bridge Crew)	3186.40 18.31	3332.50 19.15	3483.60 20.02
Highway Maintenance Lead Worker (Lead Lead Worker)	3219.00 18.50	3339.00 19.19	3464.00 19.91
Highway Maintenance Lead Worker (Lead Lead Worker)	3236.40 18.60	3382.50 19.44	3533.60 20.31
Worker-Bridge Crew	2948.00 16.94	3068.00 17.63	3193.00 18.35
Laborer (Maintenance)	2984.00 17.15	3104.00 17.84	3229.00 18.56

C) Departments of Mental Health & Developmental Disabilities, Public Health, Rehabilitation Services, and Employment Security - Northeast

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Region - (Cook)

	July 1, 1994		July 1, 1995		July 1, 1996	
	Mo.	Hr.	Mo.	Hr.	Mo.	Hr.
Maintenance Equipment Operator	3040.00	17.47	3160.00	18.16	3285.00	18.88
Maintenance Equipment Operator (Dispatcher)	3214.00	18.47	3334.00	19.16	3459.00	19.88
Maintenance Worker	2893.00	16.63	3013.00	17.32	3138.00	18.03
D) Departments of Central Management Services, Children and Family Services, and Public Aid - Northeast Region - (Cook)						
	July 1, 1994		July 1, 1995		July 1, 1996	
	Mo.	Hr.	Mo.	Hr.	Mo.	Hr.
Grounds Supervisor	2926.00	16.82	3046.00	17.51	3171.00	18.22
Grounds Supervisor (Chicago-Read)	3093.00	17.78	3213.00	18.47	3338.00	19.18
Grounds Supervisor (Supervising Tractor Trailer Drivers)	3213.00	18.47	3333.00	19.16	3458.00	19.87
Maintenance Worker	2893.00	16.63	3013.00	17.32	3138.00	18.03
Maintenance Worker (Chicago-Read)	3040.00	17.47	3160.00	18.16	3285.00	18.88
Maintenance Equipment Operator	3040.00	17.47	3160.00	18.16	3285.00	18.88
Maintenance Equipment Operator (Tractor Trailer)	3101.00	17.82	3221.00	18.51	3346.00	19.23

(Source: Amended at 20 Ill. Reg. _____, effective _____)

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Section 310.TABLE J RC-014 (Clerical Employees, AFSCME)

Effective: July 1, 1994

	S T E P S		
	1	2	3
Account Clerk I	1447	1490	1540
Account Clerk II	1546	1592	1647
Account Technician I	1724	1776	1853
Account Technician II	1885	1942	2024
Administrative Services Worker Trainee	1324	1364	1401
Aircraft Dispatcher	1885	1942	2024
Aircraft Lead Dispatcher	2062	2124	2216
Audio Visual Technician I	1495	1540	1592
Audio Visual Technician II	1660	1710	1774
Buyer Assistant	1724	1776	1853
Check Issuance Machine Operator	1660	1710	1774
Clerical Trainee	TR		
Communication Dispatcher	1660	1710	1774
Communication Equipment Technician I	2373	2444	2561
Communication Equipment Technician II	2637	2716	2851
Communication Equipment Technician III	2786	2870	2984
Court Reporter	2153	2218	2321
Data Processing Assistant	1495	1540	1592
Data Processing Operator	1399	1441	1490
Data Processing Operator Trainee	1324	1364	1401
Drafting Worker	1800	1854	1931
Electronic Equipment Installer/Repairer	1724	1776	1853
Electronic Equipment Installer/Repairer Leadworker	1885	1942	2024
Electronics Technician	2153	2218	2321
Emergency Response Lead Telecommunicator	1885	1942	2024
Emergency Response Telecommunicator	1724	1776	1853
Engineering Technician II	1967	2026	2112
Engineering Technician III	2262	2330	2438
Executive Secretary I	1800	1854	1931
Graphic Arts Designer	2062	2124	2216
Graphic Arts Technician	1885	1942	2024
Industrial Commission Reporter	2262	2330	2438
Industrial Commission Technician	1800	1854	1931
Insurance Analyst I	1660	1710	1774

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Insurance Analyst II	1885	1942	2024	2100
Insurance Analyst Trainee	1546	1592	1647	1705
Intermittent Clerk	8.15	8.39	8.62	8.87
Library Aide I	1360	1401	1441	1490
Library Aide II	1447	1490	1540	1591
Library Aide III	1546	1592	1647	1705
Library Technical Assistant	1724	1776	1853	1920
Licensing Quality Assurance Analyst	1660	1710	1774	1843
Microfilm Laboratory Technician I	1546	1592	1647	1705
Microfilm Laboratory Technician II	1660	1710	1774	1843
Microfilm Operator I	1399	1441	1490	1538
Microfilm Operator II	1495	1540	1592	1644
Microfilm Operator III	1599	1647	1710	1771
Office Aide	1324	1364	1401	1441
Office Assistant	1495	1540	1592	1644
Office Associate	1599	1647	1710	1771
Office Clerk	1399	1441	1490	1538
Office Coordinator	1660	1710	1774	1843
Photographer I	1800	1854	1931	2002
Photographer II	2062	2124	2216	2309
Photographer III	2153	2218	2321	2422
Photographic Technician I	1800	1854	1931	2002
Photographic Technician II	2062	2124	2216	2309
Photographic Technician III	2153	2218	2321	2422
Procurement Representative	1660	1710	1774	1843
Property & Supply Clerk I	1399	1441	1487	1535
Property & Supply Clerk II	1490	1535	1582	1640
Property Tax Examiner	1660	1710	1774	1843
Rehabilitation Case Coordinator I	1546	1592	1647	1705
Rehabilitation Case Coordinator II	1660	1710	1774	1843
Reproduction Service Technician I	1447	1490	1540	1591
Reproduction Service Technician II	1660	1710	1774	1843
Reproduction Service Technician III	1800	1854	1931	2002
Safety Responsibility Analyst I	1660	1710	1774	1843
Safety Responsibility Analyst II	1885	1942	2024	2100
Storekeeper I	1786	1840	1909	1986
Storekeeper II	1938	1996	2081	2162
Stores Clerk	1444	1487	1535	1581
Switchboard Operator I	1399	1441	1490	1538
Switchboard Operator II	1495	1540	1592	1644
Tax Examiner	1660	1710	1774	1843
Tax Examiner Trainee	1495	1540	1592	1644
Taxpayer Service Representative I	1495	1540	1592	1644
Taxpayer Service Representative II	1660	1710	1774	1843
Taxpayer Service Representative III	1885	1942	2024	2100
Telecommunications Field Advisor	2153	2218	2321	2422
Telecommunications Advisor Lead Worker	2373	2444	2561	2680

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Telecommunicator	1885	1942	2024	2100
Telecommunicator-Command Center	1967	2026	2112	2202
Telecommunicator Lead Worker	2062	2124	2216	2309
Telecommunicator Lead Worker-Command Center	2153	2218	2321	2422
Telecommunicator Trainee	1724	1776	1853	1920
Vehicle Permit Evaluator	1800	1854	1931	2002
Veterans Service Officer Associate	1800	1854	1931	2002
S T E P S (cont.)				
	4	5	6	7
	1642	1690	1710	1826
	1763	1820	1881	1982
	1993	2063	2138	2256
	2187	2267	2353	2484
	1489	1532	1574	1647
	2187	2267	2353	2484
	2412	2504	2601	2751
	1700	1753	1810	1901
	1909	1981	2049	2155
	1909	1981	2049	2155
	1909	1981	2049	2155
	2792	2906	3024	3204
	3126	3258	3395	3600
	3305	3447	3589	3809
	2521	2624	2722	2884
	1700	1753	1810	1901
	1582	1635	1680	1766
	1489	1532	1574	1647
	2084	2161	2235	2360
	1993	2063	2138	2256
	2187	2267	2353	2484
	2521	2624	2722	2884
	2187	2267	2353	2484
	1993	2063	2138	2256
	2291	2378	2469	2609
	2655	2766	2877	3047
	2084	2161	2235	2360
	2412	2504	2601	2751
	2187	2267	2353	2484
	2655	2766	2877	3047
	2084	2161	2235	2360
	1909	1981	2049	2155
	2187	2267	2353	2484
	1763	1820	1881	1982
	9.16	9.43	9.69	10.14
	1535	1578	1623	1701

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1642	1690	1740	1826
1763	1820	1881	1982
1993	2063	2138	2256
1909	1981	2049	2155
1763	1820	1881	1982
1909	1981	2049	2155
1582	1635	1680	1766
1700	1753	1810	1901
1838	1897	1962	2066
1489	1532	1574	1647
1700	1753	1810	1901
1838	1897	1962	2066
1582	1635	1680	1766
1909	1981	2049	2155
2084	2161	2235	2360
2412	2504	2601	2751
2521	2624	2722	2884
2084	2161	2235	2360
2412	2504	2601	2751
2521	2624	2722	2884
1909	1981	2049	2155
1580	1623	1674	1760
1689	1740	1795	1882
1909	1981	2049	2155
1763	1820	1881	1982
1909	1981	2049	2155
1642	1690	1740	1826
1909	1981	2049	2155
2084	2161	2235	2360
2187	2267	2353	2484
2055	2137	2206	2324
2250	2334	2412	2549
1632	1683	1731	1818
1582	1635	1680	1766
1700	1753	1810	1901
1909	1981	2049	2155
1700	1753	1810	1901
1700	1753	1810	1901
1909	1981	2049	2155
2187	2267	2353	2484
2521	2624	2722	2884
2792	2906	3024	3204
2187	2267	2353	2484
2291	2378	2469	2609
2412	2504	2601	2751
2521	2624	2722	2884
1993	2063	2138	2256

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

2084	2161	2235	2360
2084	2161	2235	2360

Effective: November 1, 1994

1a	1	2	3
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Telecommunicator Call Taker	1967	2026	2112	2202
Telecommunicator Lead Call Taker	2153	2218	2321	2422

S T E P S (cont.)

4	5	6	7
2291	2378	2469	2609
2521	2624	2722	2884

1/ Entry level step in first year of contract.

Effective July 1, 1995

		S T E P S			
		1a	1b	2	3
Account Clerk I	1447	1490	1535	1586	1639
Account Clerk II	1546	1592	1640	1696	1756
Account Technician I	1724	1776	1829	1909	1978
Account Technician II	1885	1942	2000	2085	2163
Administrative Services Worker Trainee	1324	1364	1405	1443	1484
Aircraft Dispatcher	1885	1942	2000	2085	2163
Aircraft Lead Dispatcher	2062	2124	2188	2282	2378
Audio Visual Technician I	1495	1540	1586	1640	1683
Audio Visual Technician II	1660	1710	1761	1827	1898
Buyer Assistant	1724	1776	1829	1909	1978
Check Issuance Machine Operator	1660	1710	1761	1827	1898
Clerical Trainee	TR				
Communication Dispatcher	1660	1710	1761	1827	1898
Communication Equipment Technician I	2373	2444	2517	2638	2760
Communication Equipment Technician II	2637	2716	2797	2940	3078
Communication Equipment Technician III	2786	2870	2956	3104	3250
Court Reporter	2153	2218	2285	2391	2495
Data Processing Assistant	1495	1540	1586	1640	1693
Data Processing Operator	1399	1441	1484	1535	1584
Data Processing Operator Trainee	1324	1364	1405	1443	1484
Drafting Worker	1800	1854	1910	1989	2062
Electronic Equipment Installer/	1724	1776	1829	1909	1978

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

Repairer	1885	1942	2000	2085	2163
Electronic Equipment Installer/					
Repairer Leadworker	2153	2218	2285	2391	2495
Electronics Technician	1885	1942	2000	2085	2163
Emergency Response Lead					
Telecommunicator	1724	1776	1829	1909	1978
Emergency Response Telecommunicator	1967	2026	2087	2175	2268
Engineering Technician II	2262	2330	2400	2511	2625
Engineering Technician III	1800	1854	1910	1989	2062
Executive Secretary I	2062	2124	2188	2282	2378
Graphic Arts Designer	1885	1942	2000	2085	2163
Graphic Arts Technician	2262	2330	2400	2511	2625
Industrial Commission Reporter	1800	1854	1910	1989	2062
Industrial Commission Technician	1660	1710	1761	1827	1898
Insurance Analyst I	1885	1942	2000	2085	2163
Insurance Analyst II	1546	1592	1640	1696	1756
Insurance Analyst Trainee	8.15	8.39	8.65	8.88	9.13
Intermittent Clerk	1360	1401	1443	1484	1535
Library Aide I	1447	1490	1535	1586	1639
Library Aide II	1724	1776	1829	1909	1978
Library Technical Assistant	1546	1592	1640	1696	1756
Microfilm Laboratory Technician I	1660	1710	1761	1827	1898
Microfilm Laboratory Technician II	1399	1441	1484	1535	1584
Microfilm Operator I	1495	1540	1586	1640	1693
Microfilm Operator II	1599	1647	1696	1761	1824
Microfilm Operator III	1324	1364	1405	1443	1484
Office Aide	1495	1540	1586	1640	1693
Office Assistant	1599	1647	1696	1761	1824
Office Associate	1399	1441	1484	1535	1584
Office Clerk	1660	1710	1761	1827	1898
Office Coordinator	1800	1854	1910	1989	2062
Photographer I	2062	2124	2188	2282	2378
Photographer II	2153	2218	2285	2391	2495
Photographer III	1800	1854	1910	1989	2062
Photographic Technician I	2062	2124	2188	2282	2378
Photographic Technician II	1660	1710	1761	1827	1898
Photographic Technician III	2153	2218	2285	2391	2495
Procurement Representative	1660	1710	1761	1827	1898
Property & Supply Clerk I	1399	1441	1484	1532	1581
Property & Supply Clerk II	1490	1535	1581	1629	1689
Property Tax Examiner	1660	1710	1761	1827	1898
Rehabilitation Case Coordinator I	1546	1592	1640	1696	1756
Rehabilitation Case Coordinator II	1660	1710	1761	1827	1898
Reproduction Service Technician I	1447	1490	1535	1586	1639
Reproduction Service Technician II	1660	1710	1761	1827	1898
Reproduction Service Technician III	1800	1854	1910	1989	2062
Safety Responsibility Analyst	1885	1942	2000	2085	2163
Storekeeper I	1786	1840	1895	1966	2046

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

Storekeeper II	1938	1996	2056	2143	2227
Stores Clerk	1444	1487	1532	1581	1628
Switchboard Operator I	1399	1441	1484	1535	1584
Switchboard Operator II	1495	1540	1586	1640	1693
Telecommunications Field Advisor	2153	2218	2285	2391	2495
Telecommunications Advisor Lead	2373	2444	2517	2638	2760
Telecommunicator	1885	1942	2000	2085	2163
Telecommunicator-Command Center	1967	2026	2087	2175	2268
Telecommunicator Call Taker	1967	2026	2087	2175	2268
Telecommunicator Lead Call Taker	2153	2218	2285	2391	2495
Telecommunicator Lead Worker	2062	2124	2188	2282	2378
Telecommunicator Lead Worker-Command Center	2153	2218	2285	2391	2495
Telecommunicator Trainee	1724	1776	1829	1909	1978
Vehicle Permit Evaluator	1800	1854	1910	1989	2062
Veterans Service Officer Associate	1800	1854	1910	1989	2062

S T E P S (cont.)

4	5	6	7
1691	1741	1792	1881
1816	1875	1937	2041
2053	2125	2202	2324
2253	2335	2424	2559
1534	1578	1621	1696
2253	2335	2424	2559
2484	2579	2679	2834
1751	1806	1864	1958
1966	2040	2110	2220
2053	2125	2202	2324
1966	2040	2110	2220
1966	2040	2110	2220
2876	2993	3115	3300
3220	3356	3497	3708
3404	3550	3697	3923
2597	2703	2804	2971
1751	1806	1864	1958
1629	1684	1730	1819
1534	1578	1621	1696
2147	2226	2302	2431
2053	2125	2202	2324
2253	2335	2424	2559
2597	2703	2804	2971
2053	2125	2202	2324
2253	2335	2424	2559
2360	2449	2543	2687
2735	2849	2963	3138
2147	2226	2302	2431

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

2484	2579	2679	2834
2253	2335	2424	2559
2735	2849	2963	3138
2147	2226	2302	2431
1966	2040	2110	2220
2253	2335	2424	2559
1816	1875	1937	2041
9.44	9.71	9.98	10.44
1581	1625	1672	1758
1691	1741	1792	1881
1816	1875	1937	2041
2053	2125	2202	2324
1966	2040	2110	2220
1816	1875	1937	2041
1966	2040	2110	2220
1629	1684	1730	1819
1751	1806	1864	1958
1893	1954	2021	2128
1534	1578	1621	1696
1751	1806	1864	1958
1893	1954	2021	2128
1629	1684	1730	1819
1966	2040	2110	2220
2147	2226	2302	2431
2484	2579	2679	2834
2597	2703	2804	2971
2147	2226	2302	2431
2484	2579	2679	2834
2597	2703	2804	2971
1966	2040	2110	2220
1627	1672	1724	1813
1740	1792	1849	1938
1966	2040	2110	2220
1816	1875	1937	2041
1966	2040	2110	2220
1691	1741	1792	1881
1966	2040	2110	2220
2147	2226	2302	2431
2253	2335	2424	2559
2117	2201	2272	2394
2318	2404	2484	2625
1681	1733	1783	1873
1629	1684	1730	1819
1751	1806	1864	1958
1966	2040	2110	2220
1751	1806	1864	1958
1966	2040	2110	2220

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

2253	2335	2424	2559
2597	2703	2804	2971
2876	2993	3115	3300
2253	2335	2424	2559
2360	2449	2543	2687
2360	2449	2543	2687
2597	2703	2804	2971
2484	2579	2649	2834
2597	2703	2804	2971
2053	2125	2202	2324
2147	2226	2302	2431
2147	2226	2302	2431

2/ Entry level step in second year of contract.

Effective: July 1, 1996

	S T E P S		
	1c 3/	1a	1b
Account Clerk I	1447	1490	1535
Account Clerk II	1546	1592	1640
Account Technician I	1724	1776	1829
Account Technician II	1885	1942	2000
Administrative Services Worker	1324	1364	1405
Trainee			
Aircraft Dispatcher	1885	1942	2000
Aircraft Lead Dispatcher	2062	2124	2188
Audio Visual Technician I	1495	1540	1586
Audio Visual Technician II	1660	1710	1761
Buyer Assistant	1724	1776	1829
Check Issuance Machine Operator	1660	1710	1761
Clerical Trainee	TR		
Communication Dispatcher	1660	1710	1761
Communication Equipment Technician I	2373	2444	2517
Communication Equipment Technician II	2637	2716	2797
Communication Equipment Technician III	2786	2870	2956
Court Reporter	2153	2218	2285
Data Processing Assistant	1495	1540	1586
Data Processing Operator	1399	1441	1484
Data Processing Operator Trainee	1324	1364	1405
Drafting Worker	1800	1854	1910
Electronic Equipment	1724	1776	1829
Electronic Equipment Installer/Repairer	1885	1942	2000
Leadworker			
Electronics Technician	2153	2218	2285
Emergency Response Lead	1885	1942	2000

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

Telecommunicator	1724	1776	1829	1884	1966	2037
Emergency Response	1967	2026	2087	2150	2240	2336
Telecommunicator	2262	2330	2400	2472	2586	2704
Engineering Technician II	1800	1854	1910	1967	2049	2124
Executive Secretary I	2062	2124	2188	2254	2350	2449
Graphic Arts Designer	1885	1942	2000	2060	2148	2228
Graphic Arts Technician	2262	2330	2400	2472	2586	2704
Industrial Commission Reporter	1800	1854	1910	1967	2049	2124
Insurance Analyst I	1660	1710	1761	1814	1882	1955
Insurance Analyst II	1885	1942	2000	2060	2148	2228
Insurance Analyst Trainee	1546	1592	1640	1689	1747	1809
Intermittent Clerk	8.15	8.39	8.65	8.90	9.14	9.41
Library Aide I	1360	1401	1443	1486	1529	1581
Library Aide II	1447	1490	1535	1581	1634	1688
Library Aide III	1546	1592	1640	1689	1747	1809
Library Technical Assistant	1724	1776	1829	1884	1966	2037
Microfilm Laboratory Technician I	1546	1592	1640	1689	1747	1809
Microfilm Laboratory Technician II	1660	1710	1761	1814	1882	1955
Microfilm Operator I	1399	1441	1484	1529	1581	1632
Microfilm Operator II	1495	1540	1586	1634	1689	1744
Microfilm Operator III	1599	1647	1696	1747	1814	1879
Office Aide	1324	1364	1405	1447	1486	1529
Office Assistant	1495	1540	1586	1634	1689	1744
Office Associate	1599	1647	1696	1747	1814	1879
Office Clerk	1399	1441	1484	1529	1581	1632
Office Coordinator	1660	1710	1761	1814	1882	1955
Photographer I	1800	1854	1910	1967	2049	2124
Photographer II	2062	2124	2188	2254	2350	2449
Photographer III	2153	2218	2285	2354	2463	2570
Photographic Technician I	1800	1854	1910	1967	2049	2124
Photographic Technician II	2062	2124	2188	2254	2350	2449
Photographic Technician III	2153	2218	2285	2354	2463	2570
Procurement Representative	1660	1710	1761	1814	1882	1955
Property & Supply Clerk I	1399	1441	1484	1529	1578	1628
Property & Supply Clerk II	1490	1535	1581	1628	1678	1740
Property Tax Examiner	1660	1710	1761	1814	1882	1955
Rehabilitation Case Coordinator I	1546	1592	1640	1689	1747	1809
Rehabilitation Case Coordinator II	1660	1710	1761	1814	1882	1955
Reproduction Service Technician I	1447	1490	1535	1581	1634	1688
Reproduction Service Technician II	1660	1710	1761	1814	1882	1955
Reproduction Service Technician III	1800	1854	1910	1967	2049	2124
Safety Responsibility Analyst	1885	1942	2000	2060	2148	2228
Storekeeper I	1786	1840	1895	1952	2025	2107
Storekeeper II	1938	1996	2056	2118	2207	2294
Stores Clerk	1444	1487	1532	1578	1628	1677

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

Switchboard Operator I	1399	1441	1484	1529	1581	1632
Switchboard Operator II	1495	1540	1586	1634	1689	1744
Telecommunications Field Advisor	2153	2218	2285	2354	2463	2570
Telecommunications Field Advisor	2373	2444	2517	2593	2717	2843
Lead Worker						
Telecommunicator	1885	1942	2000	2060	2148	2228
Telecommunicator-Command Center	1967	2026	2087	2150	2240	2336
Telecommunicator Call Taker	1967	2026	2087	2150	2240	2336
Telecommunicator Lead Call Taker						
Telecommunicator Lead Worker	2153	2218	2285	2354	2463	2570
Telecommunicator Lead	2062	2124	2188	2254	2350	2449
Telecommunicator Lead Worker-Command Center	2153	2218	2285	2354	2463	2570
Telecommunicator Trainee	1724	1776	1829	1884	1966	2037
Vehicle Permit Evaluator	1800	1854	1910	1967	2049	2124
Veterans Service Officer Associate	1800	1854	1910	1967	2049	2124

S T E P S (cont.)

4	5	6	7
1742	1793	1846	1937
1870	1931	1995	2102
2115	2189	2268	2394
2321	2405	2497	2636
1580	1625	1670	1747
2321	2405	2497	2636
2559	2656	2759	2919
1804	1860	1920	2017
2025	2101	2173	2287
2115	2189	2268	2394
2025	2101	2173	2287
2025	2101	2173	2287
2962	3083	3208	3399
3317	3457	3602	3819
3506	3657	3808	4041
2675	2784	2888	3060
1804	1860	1920	2017
1678	1735	1782	1874
1580	1625	1670	1747
2211	2293	2371	2504
2115	2189	2268	2394
2321	2405	2497	2636
2675	2784	2888	3060
2321	2405	2497	2636
2321	2405	2497	2636
2115	2189	2268	2394
2431	2522	2619	2768
2817	2934	3052	3232

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

2211	2293	2371	2504
2559	2656	2759	2919
2321	2405	2497	2636
2817	2934	3052	3232
2211	2293	2371	2504
2025	2101	2173	2287
2321	2405	2497	2636
1870	1931	1995	2102
9.72	10.00	10.28	10.75
1628	1674	1722	1811
1742	1793	1846	1937
1870	1931	1995	2102
2115	2189	2268	2394
1870	1931	1995	2102
2025	2101	2173	2287
1678	1735	1782	1874
1804	1860	1920	2017
1950	2013	2082	2192
1580	1625	1670	1747
1804	1860	1920	2017
1950	2013	2082	2192
1678	1735	1782	1874
2025	2101	2173	2287
2211	2293	2371	2504
2559	2656	2759	2919
2675	2784	2888	3060
2211	2293	2371	2504
2559	2656	2759	2919
2675	2784	2888	3060
2025	2101	2173	2287
1676	1722	1776	1867
1792	1846	1904	1996
2025	2101	2173	2287
1870	1931	1995	2102
2025	2101	2173	2287
1742	1793	1846	1937
2025	2101	2173	2287
2211	2293	2371	2504
2321	2405	2497	2636
2181	2267	2340	2466
2388	2476	2559	2704
1731	1785	1836	1929
1678	1735	1782	1874
1804	1860	1920	2017
2025	2101	2173	2287
1804	1860	1920	2017
1804	1860	1920	2017
2025	2101	2173	2287

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PROPOSED AMENDMENTS

2321	2405	2497	2636
2675	2784	2888	3060
2962	3083	3208	3399
2321	2405	2497	2636
2431	2522	2619	2768
2431	2522	2619	2768
2675	2784	2888	3060
2559	2656	2759	2919
2675	2784	2888	3060
2115	2189	2268	2394
2211	2293	2371	2504
2211	2293	2371	2504

3/ Entry level step in third year of contract.

Effective: August 1, 1996

1c 3/	1b	1a	1	2
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Telecommunicator Lead

Specialist

Telecommunicator Specialist

2373	2444	2517	2593	2717
2153	2218	2285	2354	2463
3	4	5	6	7
2843	2962	3083	3208	3399
2570	2675	2784	2888	3060

1c 3/	1b	1a	1	2
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Lottery Telemarketing

Representative

3	4	5	6	7
1955	2025	2101	2173	2287

3/ Entry level step in second year of contract.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Financial Responsibility of Carriers

2) Code Citation: 92 Ill. Adm. Code 1425

3) Section Numbers: 1425.25
Proposed Action: New Section

4) Statutory Authority: Implementing Sections 18c-1901 through 18c-1905 and authorized by Section 18c-1202(9) of the Illinois Commercial Transportation Law [625 ILCS 5/18c-1202(9) and 18c-1901 through 1905].

5) Complete Description of the Subjects and Issues Involved: The Commission has begun accepting electronic insurance filings in satisfaction of the requirements set forth in this Part. However, because the rules as currently written require paper filings, those companies that are participating in this program are following the electronic document with an actual paper filing. This amendment will clarify that the Commission will accept electronic filings in lieu of paper.

6) Will this proposed amendment replace an emergency amendment currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This proposed amendment neither creates nor expands any state mandate on units of local government, school districts, or community college districts.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Any comments should be submitted to:

Kathy Campbell
Illinois Commerce Commission
527 East Capitol Avenue
Springfield IL 62706
217/785-1018

Comments should be filed within 45 days after the date of this issue of the Illinois Register.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses affected: This amendment will affect those common and contract carriers that are also small businesses as defined

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENT

in the Illinois Administrative Procedure Act.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rule was not included on either of the 2 most recent agendas because: This rule wasn't anticipated.

The full text of the Proposed Amendment begins on the next page:

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENT

TITLE 92: TRANSPORTATION

CHAPTER III: ILLINOIS COMMERCE COMMISSION

SUBCHAPTER b: MOTOR CARRIERS OF PROPERTY

PART 1425

FINANCIAL RESPONSIBILITY OF CARRIERS

SUBPART A: INSURANCE OR BOND COVERAGE

Section

1425.10 Licenses Conditioned Upon Compliance With Insurance Requirements

1425.20 Proof of Insurance or Bond Coverage

1425.25 Alternative Method for Filing Proof of Insurance or Bond Coverage

1425.30 Public Liability and Property Damage Coverage

1425.40 Cargo Damage Coverage

1425.50 Collect On Delivery ("C.O.D.") Bond Coverage

SUBPART B: SELF-INSURANCE

Section

1425.110 Effect of Qualification as Self-Insurer

1425.120 Minimum Requirements for Self-Insurers

1425.130 Reports to be Filed by Self-Insurers

1425.140 Revocation of Authorization to be a Self-Insurer

1425.150 Reinstatement

AUTHORITY: Implementing Sections 18c-1901 through 18c-1905 and authorized by Section 18c-1202(9) of the Illinois Commercial Transportation Law [625 ILCS 5/18c-1202(9) and 18c-1901 through 1905].

SOURCE: Emergency rule at 4 Ill. Reg. 2, p. 237, effective January 1, 1980, for a maximum of 150 days; adopted at 4 Ill. Reg. 23, p. 71, effective May 28, 1980; codified at 8 Ill. Reg. 13670; Part recodified at 10 Ill. Reg. 18002; Part repealed, new Part adopted at 11 Ill. Reg. 16472 and 16518, effective October 1, 1987; amended at 18 Ill. Reg. 11162, effective July 1, 1994; amended at 20 Ill. Reg. _____, effective _____.

SUBPART A: INSURANCE OR BOND COVERAGE

Section 1425.25 Alternative Method for Filing Proof of Insurance or Bond Coverage

The requirements of Section 1425.20 of this Part may, with regard to any motor carrier, be met by an electronic filing pursuant to an agreement entered into between an insurance company and the Commission. Electronic filings made by an insurance company which has elected to enter into any agreement with the Commission shall bind the insurance company as though the filings had been

made on the forms described by Section 1425.20 of this Part.

(Source: Added at 20 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC AID

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Aid to Families with Dependent Children
- 2) Code Citation: 89 Ill. Adm. Code 112
- 3) Section Numbers: 112.414
Proposed Action: Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and 45 CFR 255.4(j).

5) Complete Description of the Subjects and Issues Involved: Pursuant to 45 CFR 255.4(j), these proposed amendments add provisions for the recovery/recoupment of child care overpayments. Other than accounting procedures, there are currently no rules that specifically govern the recovery/recoupment of child care overpayments. Therefore, the rules are being revised to add provisions which will allow the Department to recover and/or recoup child care overpayments. In addition, this rulemaking provides a definition for a child care overpayment.

As a result of these proposed amendments, all child care overpayments made to a client or to a client's child care provider will be recovered or recouped. This rulemaking establishes that recovery will be made regardless of whether the client is currently receiving assistance.

6) Will these proposed amendments replace emergency amendments currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
112.66	New Section	August 16, 1996 (20 Ill. Reg. 10766)
112.71	Amendment	August 30, 1996 (20 Ill. Reg. 11560)
112.75	New Section	September 13, 1996 (20 Ill. Reg. 12326)
112.98	Amendment	April 16, 1996 (20 Ill. Reg. 5965)
112.110	Amendment	June 28, 1996 (20 Ill. Reg. 8433)
112.151	Amendment	June 28, 1996 (20 Ill. Reg. 8433)
112.330	Amendment	August 23, 1996 (20 Ill. Reg. 11462)

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in which Interested Persons may comment on this Proposed rulemaking: Any interested parties may submit comments, data,

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views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Judy Umunna
Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Ave. E., 3rd Floor
Springfield, IL 62762
(217) 524-0081

The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

These proposed amendments may have an impact on small businesses, small municipalities, and not for profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not for profit corporations as part of any written comments they submit to the Department.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Child Care Providers

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory agenda on which this rulemaking was summarized: This rule was not included on either of the 2 most recent agendas because: This rulemaking was not anticipated by the Department when the two most recent regulatory agendas were published.

The full text of the Proposed Amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 112
AID TO FAMILIES WITH DEPENDENT CHILDREN

SUBPART A: GENERAL PROVISIONS

Section
112.1 Description of the Assistance Program
112.5 Incorporation by Reference

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section
112.8 Caretaker Relative
112.9 Client Cooperation
112.10 Citizenship
112.20 Residence
112.30 Age
112.40 Relationship
112.50 Living Arrangement
112.52 Social Security Numbers
112.54 Assignment of Medical Support Rights
112.60 Lack of Parental Support or Care
112.61 Death of a Parent
112.62 Incapacity of a Parent
112.63 Continued Absence of a Parent
112.64 Unemployment of the Parent
112.65 Employment Plan
112.67 Restriction in Payment to Households Headed by a Minor Parent

SUBPART C: JOB OPPORTUNITIES AND BASIC SKILLS TRAINING (JOBS) PROGRAM

Section
112.70 Participation Requirements for JOBS
112.71 Individuals Exempt from JOBS
112.72 JOBS Participation/Cooperation Requirements
112.73 Adolescent Parent Program
112.74 JOBS Initial Assessment Process/Development of an Employability Plan
112.75 Teen Parent Personal Responsibility Plan EMERGENCY
112.76 JOBS Orientation
112.77 Conciliation and Fair Hearings
112.78 JOBS Components
112.79 JOBS Sanctions
112.80 Good Cause for Failure to Comply with JOBS Participation Requirements
112.81 Responsible Relative Eligibility for JOBS

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112.82 JOBS Supportive Services
112.83 Young Parents Program
112.84 Work Experience Evaluation Project
112.85 Four Year College/Vocational Training Demonstration Project

SUBPART E: PROJECT ADVANCE

Section
112.86 Project Advance
112.87 Project Advance Experimental and Control Groups
112.88 Project Advance Participation Requirements of Experimental Group
Members and Adjudicated Fathers
112.89 Project Advance Cooperation Requirements of Experimental Group
Members and Adjudicated Fathers
112.90 Project Advance Sanctions
112.91 Good Cause for Failure to Comply with Project Advance
112.93 Individuals Exempt From Project Advance
112.95 Project Advance Supportive Services

SUBPART F: EXCHANGE PROGRAM

Section
112.98 Exchange Program

SUBPART G: FINANCIAL FACTORS OF ELIGIBILITY

Section
112.100 Unearned Income
112.101 Unearned Income of Stepparent or Parent
112.105 Budgeting Unearned Income
112.106 Budgeting Unearned Income of Applicants Employed On Date of Application And/Or Date Of Decision
112.107 Initial Receipt of Unearned Income
112.108 Termination of Unearned Income
112.110 Exempt Unearned Income
112.115 Education Benefits
112.120 Incentive Allowances
112.125 Unearned Income In-Kind
112.126 Earmarked Income
112.127 Lump Sum Payments
112.128 Protected Income
112.130 Earned Income
112.131 Earned Income Tax Credit
112.132 Budgeting Earned Income
112.133 Budgeting Earned Income of Applicants Employed On Date of Application And/Or Date Of Decision
112.134 Initial Employment
112.135 Budgeting Earned Income For Contractual Employees

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112.136 Budgeting Earned Income For Non-Contractual School Employees
 112.137 Termination of Employment
 112.138 Transitional Payments (Repealed)
 112.140 Exempt Earned Income
 112.141 Earned Income Exemption
 112.142 Exclusion From Earned Income Exemption
 112.143 Recognized Employment Expenses
 112.144 Income From Work-Study/Training Program
 112.145 Earned Income From Self-Employment
 112.146 Earned Income From Roomer and Boarder
 112.147 Income From Rental Property
 112.148 Payments from the Illinois Department of Children and Family Services
 112.149 Earned Income In-Kind
 112.150 Assets
 112.151 Exempt Assets
 112.152 Asset Disregards
 112.153 Deferral of Consideration of Assets
 112.154 Property Transfers (Repealed)
 112.155 AFDC Income Limit

SUBPART H: PAYMENT AMOUNTS

Section
 112.250 Grant Levels
 112.251 Payment Levels in AFDC
 112.252 Payment Levels in AFDC Group I Counties
 112.253 Payment Levels in AFDC Group II Counties
 112.254 Payment Levels in AFDC Group III Counties

SUBPART I: OTHER PROVISIONS

Section
 112.300 Persons Who May Be Included in the Assistance Unit
 112.301 Presumptive Eligibility
 112.302 Monthly Reporting
 112.303 Retrospective Budgeting
 112.304 Budgeting Schedule
 112.305 Strikers
 112.306 Foster Care Program
 112.307 Responsibility of Sponsors of Aliens
 112.308 Special Needs Authorizations
 112.309 Institutional Status
 112.310 Young Parent Program (Renumbered)
 112.315 Redetermination of Eligibility
 112.320 Extension of Medical Assistance Due to Increased Income from Employment
 112.330 Four Month Extension of Medical Assistance Due to Child Support Collections

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112.332 Extension of Medical Assistance Due to Loss of Earned Income Disregard (Repealed)
 112.340 New Start Payments to Individuals Released from Department of Corrections Facilities

SUBPART J: CHILD CARE

Section
 112.350 Child Care
 112.352 Child Care Eligibility
 112.354 Qualified Provider
 112.356 Notification of Available Services
 112.358 Participant Rights and Responsibilities
 112.362 Additional Service to Secure or Maintain Child Care Arrangements
 112.364 Rates of Payment for Child Care
 112.366 Method of Providing Child Care
 112.370 Non-JOBS Education and Training Program

SUBPART K: TRANSITIONAL CHILD CARE

Section
 112.400 Transitional Child Care Eligibility
 112.404 Duration of Eligibility for Transitional Child Care
 112.406 Loss of Eligibility for Transitional Child Care
 112.408 Qualified Child Care Providers
 112.410 Notification of Available Services
 112.412 Participant Rights and Responsibilities
 112.414 Child Care Overpayments and Recoveries
 112.416 Fees for Service for Transitional Child Care
 112.418 Rates of Payment for Transitional Child Care

AUTHORITY: Implementing Article IV and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. IV and 12-13].

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13,

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1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 11, 1983; rules repealed and new rules adopted and codified at 7 Ill. Reg. 2720, effective February 28, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 11284, effective August 26, 1983; amended at 7 Ill. Reg. 13920, effective October 7, 1983; amended at 7 Ill. Reg. 15690, effective November 9, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 16105; amended at 7 Ill. Reg. 17344, effective December 21, 1983; amended at 8 Ill. Reg. 213, effective December 27, 1983; emergency amendment at 8 Ill. Reg. 569, effective January 1, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 4176, effective March 19, 1984; amended at 8 Ill. Reg. 5207, effective April 9, 1984; amended at 8 Ill. Reg. 7226, effective May 16, 1984; amended at 8 Ill. Reg. 11391, effective June 27,

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1984; amended at 8 Ill. Reg. 12333, effective June 29, 1984; amended (by adding Sections being codified with no substantive change) at 8 Ill. Reg. 17984; peremptory amendment at 8 Ill. Reg. 18127, effective October 1, 1984; peremptory amendment at 8 Ill. Reg. 19889, effective October 1, 1984; amended at 8 Ill. Reg. 19983, effective October 3, 1984; emergency amendment at 8 Ill. Reg. 21666, effective October 19, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21621, effective October 23, 1984; amended at 8 Ill. Reg. 25023, effective December 19, 1984; amended at 9 Ill. Reg. 282, effective January 1, 1985; amended at 9 Ill. Reg. 4062, effective March 15, 1985; amended at 9 Ill. Reg. 8155, effective May 17, 1985; emergency amendment at 9 Ill. Reg. 10094, effective June 19, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11317, effective July 5, 1985; amended at 9 Ill. Reg. 12795, effective August 9, 1985; amended at 9 Ill. Reg. 15887, effective October 4, 1985; amended at 9 Ill. Reg. 16277, effective October 11, 1985; amended at 9 Ill. Reg. 17827, effective November 18, 1985; emergency amendment at 10 Ill. Reg. 354, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 1172, effective January 10, 1986; amended at 10 Ill. Reg. 3641, effective January 30, 1986; amended at 10 Ill. Reg. 4885, effective March 7, 1986; amended at 10 Ill. Reg. 8118, effective May 1, 1986; amended at 10 Ill. Reg. 10628, effective June 1, 1986; amended at 10 Ill. Reg. 11017, effective June 6, 1986; Sections 112.78 through 112.86 and 112.88 recodified to 89 Ill. Adm. Code 160 at 10 Ill. Reg. 11928; emergency amendment at 10 Ill. Reg. 12107, effective July 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 12650, effective July 14, 1986; amended at 10 Ill. Reg. 14681, effective August 29, 1986; amended at 10 Ill. Reg. 15101, effective September 5, 1986; amended at 10 Ill. Reg. 15621, effective September 19, 1986; amended at 10 Ill. Reg. 21860, effective December 12, 1986; amended at 11 Ill. Reg. 2280, effective January 16, 1987; amended at 11 Ill. Reg. 3140, effective January 30, 1987; amended at 11 Ill. Reg. 4882, effective March 6, 1987; amended at 11 Ill. Reg. 5223, effective March 11, 1987; amended at 11 Ill. Reg. 6228, effective March 20, 1987; amended at 11 Ill. Reg. 9927, effective May 15, 1987; amended at 11 Ill. Reg. 12003, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 12432, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 12908, effective July 30, 1987; emergency amendment at 11 Ill. Reg. 12935, effective August 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 13625, effective August 1, 1987; amended at 11 Ill. Reg. 14755, effective August 26, 1987; amended at 11 Ill. Reg. 18679, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 18781, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20114, effective December 4, 1987; Sections 112.90 and 112.95 recodified to Sections 112.52 and 112.54 at 11 Ill. Reg. 20610; amended at 11 Ill. Reg. 20889, effective December 14, 1987; amended at 12 Ill. Reg. 844, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1929, effective January 1, 1988, for a maximum of 150 days; recodified to 11 Ill. Reg. 2126, effective January 12, 1988; SUBPARTS C, D and E recodified to SUBPARTS G, H and I at 12 Ill. Reg. 2136; amended at 12 Ill. Reg. 3487, effective January 22, 1988; amended at 12 Ill. Reg. 6159, effective March 18, 1988; amended at 12 Ill. Reg. 6694, effective March 22, 1988; amended at 12 Ill. Reg. 7336, effective May 1, 1988; amended at 12 Ill. Reg. 7673, effective

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April 20, 1988; amended at 12 Ill. Reg. 9032, effective May 20, 1988; amended at 12 Ill. Reg. 10481, effective June 13, 1988; amended at 12 Ill. Reg. 14172, effective August 30, 1988; amended at 12 Ill. Reg. 14669, effective September 16, 1988; amended at 13 Ill. Reg. 70, effective January 1, 1989; amended at 13 Ill. Reg. 6017, effective April 14, 1989; amended at 13 Ill. Reg. 8567, effective May 22, 1989; amended at 13 Ill. Reg. 16006, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16142, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 705, effective January 1, 1990; amended at 14 Ill. Reg. 3170, effective February 13, 1990; amended at 14 Ill. Reg. 3575, effective February 23, 1990; amended at 14 Ill. Reg. 6306, effective April 16, 1990; amended at 14 Ill. Reg. 10379, effective June 20, 1990; amended at 14 Ill. Reg. 13652, effective August 10, 1990; amended at 14 Ill. Reg. 14140, effective August 17, 1990; amended at 14 Ill. Reg. 16937, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 338, effective January 1, 1991, for a maximum of 150 days; emergency amendment at 15 Ill. Reg. 2862, effective February 4, 1991, for a maximum of 150 days; emergency expired July 4, 1991; amended at 15 Ill. Reg. 5275, effective April 1, 1991; amended at 15 Ill. Reg. 5684, effective April 10, 1991; amended at 15 Ill. Reg. 11127, effective July 19, 1991; amended at 15 Ill. Reg. 11447, effective July 25, 1991; amended at 15 Ill. Reg. 14227, effective September 30, 1991; amended at 15 Ill. Reg. 17308, effective November 18, 1991; amended at 16 Ill. Reg. 9972, effective June 15, 1992; amended at 16 Ill. Reg. 11550, effective July 15, 1992; emergency amendment at 16 Ill. Reg. 11652, effective July 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 13629, effective September 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 17724, effective November 9, 1992; amended at 16 Ill. Reg. 20147, effective December 14, 1992; amended at 17 Ill. Reg. 357, effective December 24, 1992; amended at 17 Ill. Reg. 813, effective January 15, 1993; amended at 17 Ill. Reg. 2253, effective February 15, 1993; amended at 17 Ill. Reg. 4312, effective March 25, 1993; emergency amendment at 17 Ill. Reg. 6325, effective April 9, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 6792, effective April 21, 1993; amended at 17 Ill. Reg. 15017, effective September 3, 1993; amended at 17 Ill. Reg. 19156, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 19696, effective November 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 5909, effective March 31, 1994; amended at 18 Ill. Reg. 6994, effective April 27, 1994; amended at 18 Ill. Reg. 8703, effective June 1, 1994; amended at 18 Ill. Reg. 10774, effective June 27, 1994; amended at 18 Ill. Reg. 12805, effective August 5, 1994; amended at 18 Ill. Reg. 15774, effective October 17, 1994; expedited correction at 19 Ill. Reg. 998, effective October 17, 1994; amended at 19 Ill. Reg. 2845, effective February 24, 1995; amended at 19 Ill. Reg. 5609, effective March 31, 1995; amended at 19 Ill. Reg. 7883, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 10206, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 12011, effective August 7, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 12664, effective September 1, 1995; emergency amendment at 19 Ill. Reg. 15244, effective November 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15661, effective November 3, 1995; emergency amendment at 19 Ill. Reg. 15839, effective November 15, 1995, for a maximum of

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150 days; emergency amendment at 19 Ill. Reg. 16295, effective December 1, 1995, for a maximum of 150 days; amended at 20 Ill. Reg. 845, effective January 1, 1996; amended at 20 Ill. Reg. 3538, effective February 15, 1996; amended at 20 Ill. Reg. 5648, effective March 30, 1996; amended at 20 Ill. Reg. 6018, effective April 12, 1996; amended at 20 Ill. Reg. 6498, effective April 29, 1996; amended at 20 Ill. Reg. 7892, effective June 1, 1996; emergency amendment at 20 Ill. Reg. 12499, effective September 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. _____, effective _____.

SUBPART K: TRANSITIONAL CHILD CARE

Section 112.414 Child Care Overpayments and Recoveries

A child care overpayment is financial assistance incorrectly issued for the payment of child care services needed by a client because of employment, education or training. All child care overpayments made to a client or to a client's child care provider will be recovered or recouped. Recovery will be made regardless of whether the client is currently receiving assistance. Child care overpayments and recoveries will be conducted pursuant to Section 112.360.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Collections and Recoveries
- 2) Code Citation: 89 Ill. Adm. Code 165
- 3) Section Numbers: Proposed Action:
- | | |
|--------|-----------|
| 165.40 | Amendment |
| 165.84 | Amendment |
| 165.86 | Amendment |
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13], 7 CFR 273.18(d)(3)(v)(D), 7 CFR 273.18(d)(4)(ii), and the Personal Responsibility and Work Opportunity Act of 1996 (H.R. 3734)

5) Complete Description of the Subjects and Issues Involved: Pursuant to provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (H.R. 3734) enacted August 22, 1996, 7 CFR 273.18(d)(3)(v)(D) and 7 CFR 273.18(d)(4)(ii), these proposed amendments make changes in the following Food Stamp Program provisions:

- the calculation of overpayments;
- the recoupment of agency error claims; and
- the response time to an initial demand letter for repayment of an intentional program violation, an inadvertent household error or an administrative error claim.

As a result of this rulemaking, the earned income deduction will not be used when the amount of an overpayment is calculated, if the food stamp household failed to report the earned income. These proposed amendments establish that when a food stamp household has an agency error overpayment, the reduction amount will be the greater of \$10.00 or 10 percent of the household's monthly benefit amount. In addition, if a currently participating household fails to respond within 10 days after the date of mailing of an initial demand letter for repayment of an intentional program violation, an inadvertent household error or an administrative error claim, the household's monthly benefit amount will be reduced without further notice.

Companion amendments are also being proposed in 89 Ill. Adm. Code 121.

- 6) Will these proposed amendments replace emergency amendments currently in effect? Yes
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No

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- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.
- 11) Time, Place, and Manner in which Interested Persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Judy Umunna
Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Ave. E., 3rd Floor
Springfield, Illinois 62762
Phone: (217) 524-0081

The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

The Department is unaware of any effect this rulemaking may have on small businesses, small municipalities or not-for-profit corporations. The Department will accept and consider any written comments concerning such effects that may be submitted in response to these proposed amendments. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rule was not included on either of the 2 most recent agendas because: The reasons for this rulemaking are fully described above in the complete description of the subjects and issues involved. This rulemaking was not anticipated

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by the Department when the two most recent regulatory agendas were published.

The full text of the Proposed Amendments is identical to the text of the Emergency Amendments which appears in this issue of the Register on page **13151**.

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- 1) Heading of the Part: Food Stamps
- 2) Code Citation: 89 Ill. Adm. Code 121
- 3) Section Numbers: Proposed Action:

121.7, 121.20, 121.30	Amendment
121.31, 121.50, 121.57	Amendment
121.60, 121.61, 121.63	Amendment
121.64, 121.70	Amendment
121.131	New Section
121.151	Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and the Personal Responsibility and Work Opportunity Act of 1996 (H.R. 3734) and 7 CFR 273
- 5) Complete Description of the Subjects and Issues Involved: The Department is revising its food stamp rules based on the new requirements under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (H.R. 3734), which was enacted on August 22, 1996 and provisions in 7 CFR 273. In accordance, these proposed amendments make changes in the following Food Stamp Program provisions:

- . Expedited Service;
- . Non-citizens;
- . Unearned Income;
- . Exempt Earned Income of Children;
- . Fair Market Value of Licensed Vehicles;
- . Gross and Net Monthly Income Eligibility Standards;
- . Changing Between Actual Expenses and the Standard Utility Allowance;
- . Food Stamp Benefit Amounts;
- . Household Composition;
- . Fleeing Felons and Probation/Parole Violators; and
- . Disqualification Penalties for Intentional Program Violations.

These proposed amendments establish that food stamp units which are homeless will not qualify for expedited service solely on the basis of homelessness. However, homeless persons may still qualify for expedited service if their income is less than \$150 and their liquid assets are less than \$100 as described in Section 121.7.

The amendments in Section 121.131 are revised to provide that only the following groups of non-citizens will be eligible for food stamps:

1. A non-citizen, lawfully admitted for permanent residence, meets the citizenship requirement for food stamps if he or she is

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credited with 40 qualifying work quarters. Qualifying quarters worked by a parent or a spouse count toward meeting the 40 quarters of work requirement.

2. A non-citizen who is:
 - a veteran honorably discharged from U. S. military service;
 - a person in active U. S. military service; or
 - a spouse or dependent child of a veteran or a person in active U. S. military service.
3. For 5 years after the status is attained, non-citizens who are:
 - refugees admitted under section 207 of the Immigration and Nationality Act (INA);
 - asylees admitted under section 208 of the INA;
 - persons whose deportation was withheld under section 243(h) of the INA.

Due to the elimination of the Energy Payment Amount, this rulemaking deletes the exemption for that portion of cash assistance payments designated as being for the purpose of energy assistance.

Revisions are being made in Section 121.50 to exempt the earned income of a child residing in the household who is under 18 years of age and who is attending an elementary or secondary school. This exemption is not altered by temporary interruptions in school attendance, provided the child's enrollment will resume following the break. The earnings of a child are exempt if the child:

1. is age 17 or under;
2. attends elementary or secondary school; and
3. is under the parental control of another food stamp household member.

As a result of these proposed amendments, the exemption for the fair market value of a licensed vehicle is increased to \$4,650. In addition, the food stamp benefit amounts and the gross and net monthly income eligibility standards are being increased.

A deduction for utility costs is allowed in the determination of the household's adjusted net monthly food stamp income amount. Either the household's actual utility costs or the standard utility allowance is used when the amount of the household's adjusted net monthly food stamp income is calculated. This rulemaking establishes that changes between using actual utility costs and the standard utility allowance can only be made at recertification.

A revision is being made in the rules to provide that children under age 22 living with their parents must be included in the same food stamp unit as their parents, even when they live with their spouse or children.

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A new Section is being added to the rules so that fleeing felons and probation and parole violators will be ineligible for food stamp benefits. Individuals will be ineligible to receive food stamp benefits if they are:

1. fleeing the law to avoid prosecution, custody or confinement after conviction for a crime or attempting to commit a crime that is a felony under the law from the place from which the person is fleeing; or
2. violating a condition of probation or parole imposed under a federal or State law.

As a result of these proposed amendments, the disqualification penalties for intentional program violations are increased as follows:

- 12 months for the first violation; and
- 24 months for the second violations.

In addition, a person will be permanently disqualified if he or she is convicted of trafficking food stamp benefits of \$500 or more. A person will also be disqualified from receiving food stamp benefits for ten years when an Administrative Disqualification Hearing or a federal or State court convicts him or her of making a false statement or representation about his or her identity or residence and as a result he or she receives more than one food stamp issuance at the same time.

Companion Amendments are also being proposed to 89 Ill. Adm. Code 165.

- 6) Will these proposed amendments replace emergency amendments currently in effect? Yes
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
121.22	Amendment	August 2, 1996 (20 Ill. Reg. 10263)
121.23	New Section	August 2, 1996 (20 Ill. Reg. 10263)
121.24	New Section	August 2, 1996 (20 Ill. Reg. 10263)
121.25	New Section	August 2, 1996 (20 Ill. Reg. 10263)
121.26	New Section	August 2, 1996 (20 Ill. Reg. 10263)
121.27	Amendment	August 2, 1996 (20 Ill. Reg. 10263)
121.29	Amendment	August 2, 1996 (20 Ill. Reg. 10263)
121.30	Amendment	August 2, 1996 (20 Ill. Reg. 10263)
121.31	Amendment	August 2, 1996 (20 Ill. Reg. 10263)
121.63	Amendment	August 2, 1996 (20 Ill. Reg. 10263)

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- 121.71 Amendment August 2, 1996 (20 Ill. Reg. 10263)
 121.75 Amendment August 2, 1996 (20 Ill. Reg. 10263)
 121.93 Amendment August 30, 1996 (20 Ill. Reg. 11581)
 121.94 Amendment August 30, 1996 (20 Ill. Reg. 11581)
 121.98 New Section August 30, 1996 (20 Ill. Reg. 11581)
- 10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

- 11) Time, Place, and Manner in which Interested Persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Judy Umunna
 Bureau of Rules and Regulations
 Illinois Department of Public Aid
 100 South Grand Ave. E., 3rd Floor
 Springfield, Illinois 62762
 217/524-0081

The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

The Department is unaware of any effect this rulemaking may have on small businesses, small municipalities or not-for-profit corporations. The Department will accept and consider any written comments concerning such effects that may be submitted in response to these proposed amendments. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: None
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None

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- 13) Regulatory Agenda on which the rulemaking was summarized: This rule was not included on either of the two most recent regulatory agendas because: The reasons for this rulemaking are fully described above in the complete description of the subjects and issues involved. This rulemaking was not anticipated by the Department when the two most recent regulatory agendas were published.

The full text of the Proposed Amendments is identical to the text of the Emergency Amendments which appears in this issue of the Register on page 13155

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1) Heading of the Part: MediPlan Plus2) Code Citation: 89 Ill. Adm. Code 1423) Section Numbers: Proposed Action:

142.100,	142.110,	142.200	New Section
142.205,	142.220,	142.230	New Section
142.240,	142.250,	142.255	New Section
142.260,	142.270,	142.275	New Section
142.280,	142.300,	142.340	New Section
142.370,	142.380,	142.390	New Section
142.400,	142.450,	142.460	New Section
142.500,	142.502,	142.505	New Section
142.510,	142.530,	142.532	New Section
142.538,	142.560,	142.700	New Section
142.710,	142.720,	142.730	New Section
142.800,	TABLE A,	TABLE B	New Section

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Public Act 88-554

5) Complete Description of the Subjects and Issues Involved: These proposed amendments establish MediPlan Plus, a managed care program for Illinois Medicaid recipients. This new system of integrated health care services has been developed in response to Public Act 88-554. Utilizing managed care principles, MediPlan Plus will create broad changes in Illinois' Medicaid Program.

The proposed amendments will create an implementation and administration framework for the MediPlan Plus demonstration waiver. Under MediPlan Plus, the Department will begin managing the health care needs of approximately 1.1 million Medicaid clients. In doing so, the Department will contract with providers, including a new category of capitated risk bearing providers (Managed Care Community Networks), to begin coordinating and determining the appropriate health care needs of eligible clients. Rather than haphazard and random care from any provider, MediPlan Plus will ensure comprehensive care for clients by requiring providers to manage the health care needs of clients. This approach will improve continuity of care, provide for appropriate follow-up and emphasize the benefits of preventive care.

Under MediPlan Plus, clients will enroll with either a fee-for-service provider, or a risk bearing Health Maintenance Organization or Managed Care Community Network. While all types of providers will be responsible for coordinating the care of their enrollees, risk bearing providers will also be bidding against each other, thus creating competition in terms of both price and quality. It is expected that MediPlan Plus will encourage

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the integration of health care services and management of the health care of enrollees while preserving reasonable choice within a competitive and cost efficient health care environment. MediPlan Plus will help to control Medicaid spending through competition and through its emphasis on preventive care. These new provisions in 89 Ill. Adm. Code 142 are intended to reflect the focus of the managed care legislation to assure that Illinois has an effective and affordable health care system in place for Medicaid clients.

6) Will these proposed amendments replace emergency amendments currently in effect? No7) Does this rulemaking contain an automatic repeal date? No8) Do these proposed amendments contain incorporations by reference? No9) Are there any other proposed amendments pending on this Part? No10) Statement of Statewide Policy Objectives: These proposed amendments will affect county health departments, Cook County Bureau of Health Services, and Local Education Agencies.

11) Time, Place, and Manner in which Interested Persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Joanne Jones
Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Ave. E., 3rd Floor
Springfield, IL 62762
(217) 524-0081

The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

These proposed amendments may have an impact on small businesses, small municipalities, and not-for-profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit

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corporations as part of any written comments they submit to the Department.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Hospitals, clinics, physicians, pharmacists and other health care entities under Medicaid

B) Reporting, bookkeeping or other procedures required for compliance: Health care providers cited in (12)(A) above will be required to maintain records and provide reports as defined in these proposed amendments.

C) Types of professional skills necessary for compliance: None

13) Regulatory agenda on which this rulemaking was summarized: August 1996

The full text of the Proposed Amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 142

MEDIPLAN PLUS

SUBPART A: GENERAL PROVISIONS

Section	General Description
142.100	Definitions
142.110	

SUBPART B: ELIGIBLE PROVIDERS

Section	Managed Care Entity (MCE)
142.200	Medical Records Requirements
142.205	Organization, Financial and Reporting Requirements for Managed Care
142.220	Community Networks (MCCN)
142.230	Organization, Financial and Reporting Requirements for Health Maintenance Organizations (HMOs)
142.240	Prepaid Health Plan (PHP)
142.250	Disclosure of Interest
142.255	Marketing
142.260	Enrolled Managed Care Provider (EMCP) Participation Conditions
142.270	MediPlan Plus Fee-For-Service Payment Controls
142.275	Referral and Billing Authorization Process
142.280	Change of Ownership

SUBPART C: ELIGIBLE ENROLLEES AND ENROLLMENT

Section	Enrollee Participation
142.300	Eligible Enrollee Enrollment
142.340	Eligible Enrollees with Chronic and Acute Conditions of Childhood
142.370	Hospitalized Eligible Enrollees
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142.390	

SUBPART D: MANAGED CARE ENTITY COVERED SERVICES, EXCLUDED SERVICES AND BENEFIT EXPLANATION REQUIREMENTS

Section	Services Provided by a Managed Care Entity
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SUBPART E: RATES AND PAYMENT SCHEDULES

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Section
142.500 Rate Determination for Enrolled Managed Care Providers
142.502 Rate Determination for Health Maintenance Organizations and Managed
Care Community Networks
142.505 Rate-Setting Regions
142.510 Emergency Care Payments by a Managed Care Entity
142.530 Managed Care Entity Contract Negotiation Process
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142.560 Expedited Payments to Managed Care Community Networks

SUBPART F: QUALITY ASSURANCE

Section
142.700 Quality Assurance; Duties of the Managed Care Entity
142.710 Avoidance of Conflict of Interest
142.720 Enrollee Grievance and Appeals Process
142.730 Provider Grievance Procedure

SUBPART G: SANCTIONS

Section
142.800 Sanctions
TABLE A ICD-9-CM Codes for Chronic and Acute Conditions of Childhood
TABLE B Mental Illness Diagnoses

AUTHORITY: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Public Act 88-554.

SOURCE: Adopted at 20 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 142.100 General Description

This Part implements Section 5-16.3 of the Public Aid Code [305 ILCS 5/5-16.3], which was added by Public Act 88-554, and which authorizes the Department to administer an integrated health care program. That program is known as MediPlan Plus. MediPlan Plus is intended to encourage the integration of health care services and the management of the health care of Enrollees while preserving reasonable choice within a competitive and cost-efficient health care environment.

Section 142.110 Definitions

For purposes of this Part, the following terms shall be defined as follows:

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"Act" means Public Act 88-554.

"Affiliate" means a Person who directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the Person specified. Control includes the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a Person, whether through the ownership of voting securities, the holding of proxies, by contract, or otherwise. Control is presumed to exist if any Person, directly or indirectly, owns, controls, holds the power to vote, or holds proxies representing five percent or more of the voting securities of any other Person.

"Bankruptcy Code" means 11 U.S.C. 101 et seq.

"Bankruptcy Proceeding" means any voluntary or involuntary proceeding commenced by a petition for relief under the Bankruptcy Code.

"Care Coordinating Provider" means a physician, licensed to practice medicine in all its branches, responsible for directing, tracking and monitoring the health care needs of Enrollees and authorizing and coordinating care across the full range of Medical Assistance Program covered services for Enrollees.

"Cash" means United States currency.

"Cash Equivalents" means shares in money market funds that have the highest available rating by two nationally recognized rating agencies and maintain a net asset value of one dollar per share.

"Certified Pediatric Ambulatory Care Center (CPACC)" means a health facility that meets the requirements of 89 Ill. Adm. Code 140.461(f)(1)(D).

"Client" means any person eligible for Medical Assistance under Article V of the Illinois Public Aid Code.

"Closed Contracting Area" means a Contracting Area that has met the statutory requirements for mandatory enrollment of Eligible Enrollees in MediPlan Plus.

"Contracting Area" means a geographic area determined by the Department for the purposes of contracting with Managed Care Entities.

"County HMO" means a Health Maintenance Organization (HMO) that is owned or operated by an Illinois county with a population greater than three million that meets the requirements of Section 142.532 of this Part.

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"County MCON" means a Managed Care Community Network (MCCN) that is owned or operated by an Illinois county with a population greater than three million that meets the requirements of Section 142.532 of this Part.

"Credit Enhancement" means a letter of credit issued by an Illinois bank that is qualified and approved by the Department, the long-term securities of which have and maintain one of the two highest credit rating categories of Standard & Poor's Ratings Group or Moody's Investors Service, Inc., or a financial guaranty issued by an insurance company that is qualified and approved by the Department, the long-term securities of which have and maintain one of the two highest credit rating categories of Moody's Investors Service, Inc., or Standard & Poor's Ratings Group, or any other form of Credit Enhancement acceptable to the Department.

"Department" means the Illinois Department of Public Aid.

"Disclosing Entity" means a Managed Care Entity or an Enrolled Managed Care Provider, as defined in this Section.

"Eligible Enrollee" means any Client, except as excluded in Section 142.300, who lives in a Contracting Area in which MediPlan Plus has been implemented and is eligible to receive aid under one of the following programs:

Aid to the Aged, Blind, or Disabled (AABD). Individuals who are over 64 years of age, or blind, or disabled and who have countable income and assets at or below Department standards for cash or medical assistance.

Aid to Families with Dependent Children (AFDC) who have countable income and assets at or below the Department standards for cash or medical assistance.

Individuals eligible under the provisions set forth in 89 Ill. Adm. Code 112.330; Extension of Medical Assistance due to increase of income from employment, and 89 Ill. Adm. Code 112.331; extension of Medical Assistance due to child support collections.

Low income pregnant women and children born October 1, 1983 or after who have countable income and assets at or below the Medical Assistance standard and are eligible under the provisions set forth in 89 Ill. Adm. Code 120.392.

Refugees and Repatriates. Members of a federally specified class of refugees or recently repatriated U.S. citizens living in

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households with income and assets at or below the Medical Assistance standard or the income assistance standard.

Children in foster care or receiving adoption assistance through the Department of Children and Family Services.

"Emergency Care" means the provision of those health care services for a medical condition of recent onset and severity that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that urgent or unscheduled medical care is required. Determinations of levels of service shall be based upon the symptoms and condition of the Enrollee at the time the Enrollee is initially examined by the physician and not upon the final determination of the Enrollee's actual medical condition.

"Enrolled Managed Care Provider (EMCP)" means a health care Provider who has enrolled with the Department, has met the requirements of 89 Ill. Adm. Code 140.11 and 140.12, and has agreed to manage the health care of Enrollees who have selected them as a Provider. Only the following are eligible to be Enrolled Managed Care Providers:

A physician who is licensed to practice medicine in all its branches.

Federally Qualified Health Centers (FQHCs).

Rural Health Clinics (RHCs).

Certified Pediatric Ambulatory Care Centers (CPACCs).

"Enrollee" means any Client for whom the Department has arranged for health care under MediPlan Plus through a Managed Care Entity or an Enrolled Managed Care Provider.

"Federally Qualified Health Center (FQHC)" means a health center that meets the requirements of 89 Ill. Adm. Code 140.461(d).

"Governing Interest" means a Person who is a sponsor, member, incorporator, partner, owner or sole proprietor of an MCCN or an HMO, or such Person or a representative thereof, who is an officer or director of the governing board of an MCCN or HMO.

"Health Maintenance Organization (HMO)" means a Health Maintenance Organization as defined in the Health Maintenance Organization Act [215 ILCS 125].

"ICD-9-CM" means the International Classification of Diseases, 9th revision, Clinical Modification.

"Managed Care Community Network (MCCN)" means an entity, other than an

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RMO, that meets the qualifications under Section 142.220 and provides or arranges primary, secondary, and tertiary health care services under contract with the Department exclusively to Enrollees of MediPlan Plus.

"Managed Care Entity (MCE)" means a Health Maintenance Organization or a Managed Care Community Network or certain Prepaid Health Plans.

"Marketing" means activities, materials or information used to promote enrollment into one particular health care option.

"Medical Assistance" means medical benefits provided under Article V of the Illinois Public Aid Code.

"MediPlan Plus" means the program administered under Article V of the Illinois Public Aid Code [305 ILCS 5/5-16.3], Title XIX of the Social Security Act [42 U.S.C. Section 1396 et seq.], and related federal and State rules and regulations.

"Non-Acknowledging Related Provider" means a Related Provider who has failed to execute and deliver to the Department an express written acknowledgment, in a form acceptable to the Department, that it will not make a claim against the Department or the trust account for any Statutory Payment Obligations and shall not seek to enforce in any forum any rights that an Unrelated Provider may otherwise assert or have under Section 5-16.3 of the Illinois Public Aid Code [305 ILCS 5/5-16.3] or this Part.

"Ownership Interest" means an investment in an entity with such investment interest being represented by, but not limited to, the ownership of voting shares, non-voting shares, common stock, preferred stock, debt instruments issued by such entity, limited or general partnership interests or such other equity interests as may be authorized by law.

"Party In Interest" means:

Any director, officer, partner, or employee responsible for management or administration of an MCE or EMCP;

Any person who is directly or indirectly the beneficial owner of five percent or more of the equity of the organization;

Any person who is the beneficial owner of a mortgage, deed of trust, note, or other interest secured by, and equal to, five percent or more of the MCE or EMCP, and, in the case of an MCE or EMCP organized as a non-profit corporation, an incorporator or member of such corporation under applicable State corporation

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law;

Any entity in which a person described above as a Party In Interest:

is an officer or director;

is a partner (if such entity is organized as a partnership);

has directly or indirectly a beneficial interest of five percent or more of the equity; or

has a mortgage, deed of trust, note, or other interest valuing five percent or more of the assets of such entity;

Any person directly or indirectly controlling, controlled by, or under common control with an MCE or EMCP; or

Any spouse, child, or parent of an individual described above. In the case of a physician EMCP, a spouse, child or other family member shall not be considered a Party In Interest.

"Person" means any individual, corporation, proprietorship, firm, partnership, limited partnership, trust, association, governmental authority or other entity, whether acting in an individual, fiduciary or other capacity.

"Person With An Ownership Or Control Interest" means an individual or corporation that:

Has an Ownership Interest equal to five percent or more in a Disclosing Entity;

Has an indirect Ownership Interest equal to five percent or more in a Disclosing Entity;

Has a combination of direct and indirect Ownership Interest equal to five percent or more in a Disclosing Entity;

Owens an interest of five percent or more in any mortgage, deed of trust, note, or other obligation secured by the Disclosing Entity if that interest equals at least five percent of the value of the property or assets of the Disclosing Entity;

Is an officer or director of a Disclosing Entity that is organized as a corporation; or

Is a partner in a Disclosing Entity that is organized as a

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partnership.

"Plan" means any MCE's or EMCP's program for providing services under MediPlan Plus.

"Prepaid Health Plan (PHP)" means an entity that provides medical services to Enrollees under contract with the Department pursuant to the provisions of 42 CFR Part 434.

"Provider" means a Person who is approved by the Department to furnish medical, educational or rehabilitative services to Clients under the Medical Assistance Program.

"Related Provider" means a Provider with an Ownership Interest or Governing Interest in an MCCN or an HMO, or is commonly controlled or employed by a Person with such an interest.

"Rural Health Clinic (RHC)" means a health center which meets the requirements of 89 Ill. Adm. Code 140.461(c).

"Trustee" means an Illinois bank or trust company, including a national bank having its principal place of business in Illinois, authorized or designated by the Department with the fiduciary obligations and responsibilities to act as trustee for a trust account pursuant to the terms of a trust agreement.

"Urgent Care" means health care needed for a condition that does not require Emergency Care but for which, based on medical appropriateness, treatment must be provided within 48 hours and should not wait for a normally scheduled appointment.

SUBPART B: ELIGIBLE PROVIDERS

Section 142.200 Managed Care Entity (MCE)

- a) To qualify as an MCE, an organization must be one of the following:
 - 1) An HMO which meets the requirements of the Health Maintenance Organization Act [215 ILCS 125], including rules promulgated by the Illinois Department of Insurance (50 Ill. Adm. Code 6101), the Illinois Department of Public Health (77 Ill. Adm. Code 240) and Section 142.230 of this Part.
 - 2) An MCCN which meets the same program participation requirements as an HMO under the Health Maintenance Organization Act [215 ILCS 125], except for the financial solvency and Net Worth requirements thereunder. An MCCN must meet the financial solvency and Net Worth requirements set forth in 305 ILCS 5/5-16.3 and Section 142.220 of this Part.
 - 3) A PHP which meets the requirements of Section 142.240 of this

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Part.

- b) To participate in MediPlan Plus, an MCE must, in addition to any other Department requirements:
 - 1) Execute a written contract with the Department.
 - 2) Meet each of the requirements set forth in this Part as applicable.
 - 3) Include the following language in any subcontract with an FQHC, "the payment terms agreed to and accepted by the FQHC subcontractor during the term of the subcontract shall be considered payment in full, and the FQHC shall have no further recourse for collecting payment in excess of the agreed upon rate from the MCE or the Department for the services provided to the MCE's Enrollee." Subcontracts that fail to include the statement shall not be approved by the Department and shall be voidable at the discretion of the Department.
 - 4) Contract with health care Providers who are enrolled in the Medical Assistance Program when such Providers are required by Department rules or policy to be enrolled in the Medical Assistance Program in order to submit claims for fee-for-service reimbursement or otherwise participate in the Medical Assistance Program.
 - 5) Refrain from subcontracting with health care providers that are terminated, barred, suspended or otherwise excluded from participation, or had voluntarily withdrawn as the result of a settlement agreement, in any program under Titles XVIII, XIX, or XX of the Social Security Act, from performing any services under this Part.
 - 6) Provide that the pharmacy formulary used by the MCE and its contracted Providers be no more restrictive than that used in the Department's pharmaceutical program (305 ILCS 5/5-16.3(d)(14)) and must provide a mechanism whereby a prescribing physician can request approval of an off-formulary drug for an Enrollee. This mechanism should provide for a response by telephone or other telecommunications device within 24 hours after the request. The MCE must provide a process for appealing denials of prescription drug coverage that is timely and not unduly cumbersome.
 - 7) Agree not to require a pharmacist to substitute a drug that is not strictly bioequivalent to the one prescribed, without the prescriber's explicit authorization.
 - 8) Agree that no Person who is terminated, suspended, barred or otherwise excluded from participation, or has voluntarily withdrawn as the result of a settlement agreement, in any program under Titles XVIII, XIX, or XX of the Social Security Act may hold an Ownership, Governing, or controlling Interest of five percent or more in an MCE.
 - 9) Reimburse the Department for any overpayments which the MCE receives from unearned funds or funds received in violation of any term of a signed contract with the Department. The MCE shall

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return any overpayment to the Department within 40 calendar days after the date of the discovery of the overpayment by the Provider, an independent auditor, or after notification of the overpayment by the Department. At the discretion of the Department, the amount of the overpayment may be offset from future payments.

10) Provide integration with community-based programs provided by certified local health departments such as Women, Infants, and Children Supplemental Food Program (WIC), childhood immunization programs, health education programs, case management programs, health screening programs, family planning providers and any organization that has operated within a Medicaid partnership as defined by the Department [305 ILCS 5/5-16.3(d)(3)].

11) Either subcontract with certified local health departments, except for a local health department owned or operated by an Illinois county with a population greater than three million, for services, including but not limited to, immunizations, testing/screening for sexually transmitted infections, Healthy Kids services as defined by 89 Ill. Adm. Code 140.485, tuberculosis screening and treatment, and HIV screening and counseling or have a linkage agreement with the local health department for the coordination of care to its Enrollees. This arrangement must apply to all health departments providing services within the MCE's Contracting Area.

12) Ensure that all of its Enrollees have a Care Coordinating Provider choice that is located within 30 miles or 30 minutes of the Enrollee's residence.

13) Ensure Provider facilities are physically accessible. Ensure that communications are accessible by making TTY telephones available and providing appropriate interpreter services for Enrollees with hearing impairments and by making printed materials available in large print, Braille or audiotape for Enrollees with vision impairments.

14) In no way prohibit or discourage Providers from discussing any alternative health care services and Providers, utilization review and quality assurance policies, terms and conditions of Plans, and Plan policy with Enrollees, prospective Enrollees, Providers, Plans, or the public.

15) Agree not to contractually prohibit a Provider from contacting an Enrollee to explain how the Enrollee may change his or her Medicaid plus Provider choice to maintain the Enrollee's relationship to the Provider when the Provider's subcontract with the MCE ceases.

16) Cooperate with providers of service under the Illinois Department of Public Health's Family Case Management Program.

c) An MCE that requires an Enrollee to designate a Care Coordinating Provider, shall also permit a female Enrollee to designate a Care Coordinating Provider for woman's health care. If an Enrollee has

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designated a Care Coordinating Provider for woman's health care, then the Enrollee must be given direct access to the Care Coordinating Provider for woman's health care for services covered by the MCE without the need for a referral or prior approval by any other Provider of health care services or the MCE.

d) The Department may within Contracting Areas limit the number of MCEs it contracts with and may specify a maximum and minimum enrollment capacity per MCE.

e) Cooperate fully with any fraud and abuse investigation.

Section 142.205 Medical Records Requirements

a) An MCE or EMCP must ensure that medical records for each Enrollee contain sufficient documentation to establish compliance with the participation requirements relating to the rendering of health care services to Enrollees. The medical records shall include documentation of all immunizations, screenings, risk assessments and results, known to the Care Coordinating Provider. If the Enrollee is referred for health care services, the record shall contain documentation of the referral, Enrollee compliance or non-compliance with the referral, to the extent of the Care Coordinating Provider's knowledge, and any report received by the Care Coordinating Provider related to health care services received by the Enrollee from the referral. Medical records must include Provider identification and Enrollee identification. All entries in the medical record must be legible and dated, and the following, where appropriate, shall be included:

- 1) Personal health, social history and family history, with updates as needed;
- 2) Obstetrical history or profile, if any;
- 3) Date and site of hospital admissions and discharges;
- 4) Relevant history of current illness or injury (if any) and physical findings;
- 5) Diagnostic and therapeutic orders;
- 6) Clinical observations, including results of treatment;
- 7) Reports of procedures, tests and results;
- 8) Patient disposition and pertinent instructions to patient for follow-up care;
- 9) Immunization record;
- 10) Allergy history;
- 11) Early Periodic Screening, Diagnosis and Treatment (EPSDT) program record;
- 12) Routine adult exams;
- 13) Growth chart;
- 14) Referral information (if any);
- 15) Advance directives;
- 16) Health education provided; and
- 17) Family planning or counseling provided.

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- b) An MCE or EMCP must locate and transfer, without charge, at the request of the Department or the Enrollee, a copy of an Enrollee's medical records to other providers. An MCE or EMCP shall not transfer a medical record for which an appropriate release has not been obtained.

Section 142.220 Organization, Financial and Reporting Requirements for Managed Care Community Networks (MCCN)

a) Structure

- 1) The Managed Care Community Network (MCCN) shall be a separate entity organized as a corporation, limited liability company, or partnership under the laws of this State for the purpose of operating an MCCN and doing no business other than that of an MCCN except for a County MCCN. This separate entity shall survive any contract termination between the MCCN and the Department until such time as all obligations to the Department, Unrelated Providers, and the trust account are satisfied.
- 2) If organized as a stock corporation, 100 percent of all voting shares must be owned by providers of health care services who are subject to licensure by the Illinois Department of Public Health or the Illinois Department of Professional Regulation, or who are subject to licensure or certification by the Illinois Department of Mental Health and Developmental Disabilities or the Illinois Department of Alcoholism and Substance Abuse, or be a corporation where 100 percent of its voting shares are owned by such providers of health care services.
- 3) If organized as an Illinois not-for-profit corporation, the governing body must be constituted by at least 80 percent of providers of health care services who are subject to licensure by the Illinois Department of Public Health or the Illinois Department of Professional Regulation, or who are subject to licensure or certification by the Illinois Department of Mental Health and Developmental Disabilities or the Illinois Department of Alcoholism and Substance Abuse, or be employees or officers of such providers of health care services.
- 4) If organized as a partnership, all limited and general partners must be providers of health care services, who are subject to licensure by the Illinois Department of Public Health or the Illinois Department of Professional Regulation, or who are subject to licensure or certification by the Illinois Department of Mental Health and Developmental Disabilities or the Illinois Department of Alcoholism and Substance Abuse, or be a corporation where 100 percent of its voting shares are owned by said providers of health care services.

b) Financial Requirements

- 1) Net Worth
All contracting MCCNs must have and maintain at all times Net

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Worth of at least five percent of the total capitated payments per year as accruing during the first contract year and thereafter calculated and based upon the MCCN's experience in its immediate prior fiscal year.

- A) For the first six months of the first contract year, Net Worth shall not be less than:
 - i) \$500,000 for MCCNs contracting in a county with a population of over three million, or
 - ii) \$125,000 for all other MCCNs.
 - B) For the last six months of the first contract year, Net Worth shall not be less than:
 - i) \$750,000 for MCCNs contracting in a county with a population of over three million, or
 - ii) \$187,500 for all other MCCNs.
 - C) For the second and all subsequent contract years, Net Worth shall not be less than:
 - i) \$1,000,000 or more than \$2,000,000 for MCCNs contracting in a county with a population of over three million, or
 - ii) \$250,000 or more than \$2,000,000 for all other MCCNs.
 - D) Net Worth is to be determined in accordance with generally accepted accounting principles. Net Worth may not include receivables from:
 - i) Providers having an Ownership or Governing Interest in the MCCN;
 - ii) Affiliates of such Providers; or
 - iii) any other Affiliates of the MCCN in an aggregate amount greater than ten percent of Net Worth.
 - E) When MCCNs arrange for or authorize medical services by Out-Of-MCCN Providers and the cost of such Out-Of-MCCN Medical Services exceeds \$1,000,000 per year for the MCCN's total Enrollee population under the MediPlan Plus program, the MCCN shall maintain an additional Net Worth of 25 percent where such Out-Of-MCCN Medical Services exceed \$1,000,000 up to a maximum amount of an additional Net Worth of \$1,250,000. Out-Of-MCCN Medical Services shall include:
 - i) Medically necessary treatment for an acute condition for which the MCCN has no Provider in-network and for which proper referral authorization has been given;
 - ii) Out-of-MCCN Emergency Care; and
 - iii) An Enrollee receiving treatment from an out-of-MCCN Provider for which proper referral authorization has been given by the MCCN and is not an emergency.
- 2) An MCCN that falls below the requirements set forth in subsection (b)(1) above shall be provided with written notice by the Department of such failure. The MCCN shall have 30 days from the date of the notice to meet its Net Worth requirements. The MCCN must provide the Department, within the 30 days, adequate

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documentation of its rehabilitation of the Net Worth. If the MCCN fails to rehabilitate its Net Worth within the 30 days, the Department shall freeze enrollment, unless the Department extends the time. Nothing in this Section shall prohibit the Department from imposing any other available sanctions after the expiration of the 30 days.

- 3) Claims liabilities. Every MCCN shall, at all times, record as liabilities in an amount estimated in the aggregate to provide for the payment of all claims incurred, and any due and unpaid provider capitation, whether reported or unreported, which is unpaid and for which such MCCN is or may be liable, and to provide for the expense of adjustment or settlement of such claims. Each contracting MCCN shall provide the Department annually with a written opinion by an actuary who is an associate or a fellow of the Society of Actuaries or a member of the American Academy of Actuaries and who has expertise and experience in medical insurance that this estimated claims liability is calculated in accordance with accepted actuarial principles.

- 4) Establishment of Trust Account

- A) Each MCCN, other than a County MCCN, shall fund and maintain such funding of a trust account established by the Department for purposes of protecting Unrelated Providers. An Illinois bank or trust company authorized or designated by the Department shall act as the Trustee and the Department, in its discretion, shall have administrative and exclusive directive authority over the Trustee and the funds deposited into such trust in accordance with this Part, the applicable statutory provision and the implementing trust documents. Except as otherwise provided herein, the funds in the trust account shall be for the benefit of and available only to satisfy the MCCN's payment obligations to the Trustee, the Department and, in the event the MCCN becomes subject to a Bankruptcy or Insolvency Proceeding, any Unrelated Providers. This trust account shall also be available in the event that the contract between the MCCN and the Department terminates, without regard to why the contract terminates or which party is responsible for such termination. The Department shall be an additional beneficiary of the trust to the extent of its payments to or contingent payment obligations to Unrelated Providers with respect to their Allowed Claims against the MCCN, as well as any and all of its costs or expenses incurred in relation to its administrative oversight, including, without limitation, any enforcement action, Bankruptcy or Insolvency Proceeding involvement or payment under this Part. In connection therewith, distributions from a trust established hereunder shall be in accordance with the following order of priority:

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- i) to the payment of any otherwise unsatisfied amount of the Statutory Payment Obligations to an Unrelated Provider with an Allowed Claim, or the assignee of such claim;
 - ii) to the payment of the pro rata amount owed to any Unrelated Provider with an Allowed Claim, or authorized assignee of such claim, who has an otherwise unsatisfied or deficiency claim after all Statutory Payment Obligations have been satisfied;
 - iii) to the payment of the fees, costs and expenses of a Trustee, including those of its agents, attorneys or other professionals, for actions taken pursuant to a trust agreement;
 - iv) to the payment of the fees, adjustments and sanctions in the event of termination of the contract, and costs or expenses incurred by the Department, in any event, including without limitation, those of its agents, attorneys or other professionals, as a consequence of its administration or enforcement of the trust account or otherwise pursuant to this Part; and
 - v) any remaining monies left in the trust shall be subject to return by the Trustee to the MCCN after the MCCN ceases to provide health care services to Enrollees under this Section and after the Department is satisfied that the Allowed Claim amounts owed to Unrelated Providers by the MCCN, as well as any amounts due the Trustee or Department, have been satisfied.
- B) In the event that the contract terminates for any reason except insolvency or bankruptcy of the MCCN, the trust fund shall be maintained for a period of 14 calendar months, such months beginning on the date of termination. The MCCN entity must give written notice of such termination to all Unrelated Providers within 30 days after the date of termination. Disbursement of the funds in the trust account in the event of a contract termination, and where no Insolvency or Bankruptcy Proceeding has been initiated within 12 months after the contract termination, shall be in accordance with subsection (b)(4)(A)(iv) of this Section. After the 12 month period has elapsed, any remaining funds in the trust account shall be returned to the MCCN entity.
- C) The assets of the trust shall consist of Cash and, at the discretion of the Department and in such percentages as permitted by the Department, Cash Equivalents or Credit Enhancements in an aggregate amount equal to the following:
- i) for its first year as an MCCN under this Section, the projected quarterly average of the MCCN's outstanding medical care costs owed to Unrelated Providers and

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Non-Acknowledging Related Providers, including, but not limited to, capitated payments and fee-for-service medical care costs owed to Unrelated Providers and Non-Acknowledging Related Providers, or

- ii) for each year thereafter the actual quarterly average of such outstanding medical care costs to be recalculated and adjusted on a quarterly basis in accordance with accepted actuarial principles within 30 days after the end of each fiscal quarter for each year thereafter plus at least five percent of the total capitated payments per year as they accrue during the first contract year and thereafter based upon the prior fiscal year of the MCCN.

D) Each MCCN shall receive a written notice from the Department of the amount which it is required to deposit in the trust account. Such amounts must be submitted to the Trustee within 14 calendar days from the date of such notice. If the MCCN fails to submit these funds, then the MCCN must meet the requirements of Section 142.220(b)(4)(H). Should the MCCN fail to submit the required amount within the 14 days, the Department may withhold the required amount from future capitation payments and the Department shall then forward the withheld required amount to the Trustee. Any such action by the Department is in addition to the sanctions set forth in Section 142.220(b)(4)(I).

E) The amount segregated into such a trust may be included in the determination of the Net Worth of the entity. An MCCN's use of Credit Enhancements may not exceed such percentage of the required funding of the trust as may be allowed by the Department in its sole discretion under subsection (b)(4)(C) above. Cash Equivalents shall be marked to market or revalued on a monthly basis and shall be replenished by the relevant MCCN within two days after notice thereof to the extent their value decreases by two percent or more from that portion of the required funding level in the trust account which they represented or satisfied.

F) All Cash or Cash Equivalents received or held by a Trustee under the provisions of a trust agreement established under this Section shall be "trust funds" under this Section and shall not be subject to lien or attachment by any creditor of an MCCN or creditor of a Trustee or of any individual Unrelated Provider, or any other creditors of any other beneficiary thereunder. The Department, on behalf of itself and Unrelated Providers, and the Trustee, however, are specifically permitted to have a lien on such assets to the extent of payments due to each of them under the relevant trust agreement. Such trust funds shall be held in trust and applied in accordance with the provisions of this Part

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or any further regulations promulgated by the Department and the relevant trust agreement.

- G) An MCCN shall have six months from the date of notice from the Department to fund fully the trust to the amounts required under subsection (b) of this Section, but in any event such funding shall be at least the following fraction of the quarterly average:

<u>By End Of</u>	<u>Fraction</u>
1st Month	One-sixth
2nd Month	One-third
3rd Month	One-half
4th Month	Two-thirds
5th Month	Five-sixths
6th Month	100 percent

H) Each MCCN shall at all times insure that the trust described in this Section is funded at the level required under this Section. An MCCN that fails to maintain this funding level must:

- i) File with the Department a plan for correction of the deficiency within 14 calendar days as set forth in subsection (b)(4)(D) of this Section, approved by the Department, and
- ii) Correct the deficiency within a reasonable time, not to exceed 30 days from the filing of such plan for correction, unless, due to extraordinary circumstances, an extension of time, not to exceed 60 additional days, is granted by the Department.

I) Failure to correct the deficiency within the time limit specified in subsection (b)(4)(H)(ii) of this Section, shall allow the Department to impose any or all of the following sanctions:

- i) Withhold an amount equal to ten percent of all monthly payments due the MCCN for the noncompliance with the Department's request.
- ii) Remove the MCCN from the list of qualified Providers for the following contract period, precluding a contract between the MCCN and the Department.
- iii) Freeze enrollment in, or addition of new sites to, the MCCN.
- iv) Exercise the termination provisions of the contract between the Department and the MCCN.
- J) Should an MCCN fail to pay the amount set forth in subsection (b)(4)(C) of this Section and fail to file a corrective plan as set forth in subsection (b)(4)(H), the Department shall impose any or all of the sanctions set

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forth in subsections (b)(4)(i) through (iv).
 K) In the event that any of the sanctions in subsection (b)(4)(i) shall occur, the MCCN shall immediately notify its subcontract Providers that such penalty was imposed and shall provide the Department with a list of such Providers.

5) Reimbursement of Fees and Costs

A) The MCCN shall be obligated to reimburse the Department and the Trustee, upon request, for all reasonable expenses, disbursements and advances incurred or made by the Department or Trustee in accordance with any provision hereof or an approved trust agreement, including the reasonable compensation and the expenses and disbursements of their agents, counsel and professionals. All such payments and reimbursements shall be made with interest at the Illinois statutory rate for unsatisfied judgments, as prescribed in Section 2-1303 of the Code of Civil Procedure [735 ILCS 5/2-1303].

B) As security for the performance of the obligations of the MCCN hereunder to reimburse the fees and costs of the Department and Trustee, the Department on behalf of itself, Unrelated Providers, and Trustee shall have a lien prior to any Unrelated Provider and the MCCN upon all property and funds held in a trust.

C) The Department and the Trustee are additional express beneficiaries of a trust created hereunder to the extent necessary to be reimbursed from such trust for any amounts due the Department or Trustee from the MCCN.

6) Department Obligations in the Event of MCCN Bankruptcy or Insolvency. If an MCCN, other than a County MCCN, is made subject to a Bankruptcy Proceeding under the Bankruptcy Code or an Insolvency Proceeding, then after liquidation and application of any available assets, resources, and reserves in the estate of the MCCN or from any other source, the Department shall:

A) Pay the amounts of the Statutory Payment Obligations under this subsection (b)(6), calculated based on the total amount owed by the MCCN to Unrelated Providers before application in the Bankruptcy or Insolvency Proceeding of any available assets, resources, any other reserves and funds in the trust account.

B) Only after application of any available assets, resources, any other reserves and trust funds, pay any remaining unsatisfied amounts of the Statutory Payment Obligations in the event of a bankruptcy or insolvency of an MCCN, other than a county MCCN. Statutory Payment Obligations shall be subject to amendment of the relevant statutory provision. The Department shall pay that portion of the amounts owed by an MCCN to Unrelated Providers for services rendered to Enrollees under MediPlan Plus in an amount based on the

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following schedule:

- i) From April 1, 1995, through June 30, 1998, 90 percent of the remaining Allowed Claim amounts owed;
 - ii) From July 1, 1998, through June 30, 2001, 80 percent of the remaining Allowed Claim amounts owed; and
 - iii) From July 1, 2001, through June 30, 2005, 75 percent of the remaining Allowed Claim amounts owed.
- C) After June 30, 2005, the Department will not pay any amounts owed to Unrelated Providers as a result of a Bankruptcy or Insolvency Proceeding of an MCCN filed after that date.
- D) The Department is not obligated, at any time, to pay amounts owed to a provider that has an Ownership or other Governing Interest in the MCCN. Further, this Section applies only to MCCNs and the services they provide under MediPlan Plus [305 ILCS 5/5-16.3(n)].
- E) Required Notices. Any MCCN, other than a County MCCN, which becomes subject to Bankruptcy or Insolvency Proceedings must provide written notification of such events within 30 days of such proceedings to all Providers within its MCCN network. Such notice shall contain an explanation of an Unrelated Providers rights to submit an Allowed Claim. In order to preserve its claim or rights relating to Statutory Payment Obligations, in any Bankruptcy or Insolvency Proceeding by an MCCN, each Unrelated Provider and any assignee of an Unrelated Provider's rights hereunder, shall file a timely notice with the Department that conforms either to the official proof of claim form that may be used in the Bankruptcy or Insolvency Proceeding, or which otherwise contains at least the following information:
- i) name and address of the Unrelated Provider;
 - ii) brief discussion of dates and type of services provided to a bankrupt or insolvent MCCN that forms the basis of an alleged claim;
 - iii) indicates the amount of the claim and whether it is disputed, contingent or subject to set-off; and
 - iv) discloses whether the claim has been purchased, transferred, pledged or otherwise assigned.
- F) To be timely, such notice must be sent to the Department within six months after the commencement of the Bankruptcy or Insolvency Proceeding at the following address:
 Illinois Department of Public Aid
 Attention: Chief, Bureau of Managed Care
 201 South Grand Avenue East
 Springfield, Illinois
 62763-0001
- G) Assignability of Allowed Claims. Except as otherwise prohibited by applicable law, the Department or any other entity may purchase an Allowed Claim of an Unrelated

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Provider and thereby become subrogated to such Unrelated Provider's rights to recover on its Allowed Claim, including the right to seek payment from a trust.

- 7) Annual CPA Audit Report. Each contracting MCCN shall be audited annually by a licensed independent certified public accountant. Such annual audit is to be performed in accordance with generally accepted accounting standards. The audit report is to contain the auditor's opinion as to the MCCN's compliance with the trust requirements contained in subsection (b)(4). Such annual audit report is to be filed with the Department within three months after the end of the MCCN's fiscal year.

- 8) Standards for transactions with Affiliates. All material transactions between an MCCN and its Affiliates, or among Affiliates of an MCCN, must contain fair and reasonable terms, and all charges, or fees, for services performed must be reasonable. All expenses incurred and payments received must be allocated in conformity with generally accepted accounting principles, consistently applied, and all books, accounts and records must clearly and accurately disclose the precise nature and details of the transactions. The Net Worth of an MCCN, including any Affiliate thereof, must be reasonable in relation to the MCCN's, or such Affiliate's, outstanding liabilities and adequate to its financial needs after the following:

- A) a transaction with an Affiliate,
- B) dividends or distributions to persons with an Ownership Interest, or
- C) dividends or distributions to Affiliates.

- 9) Prior notification of transactions

- A) An MCCN, or any Affiliate thereof, may not enter into the following transactions unless the MCCN, or such Affiliate, notifies the Department in writing of its intent to enter into such transaction at least 30 days prior thereto, or such shorter period as the Department may permit, and the Department has not disapproved the transaction within such period:

- i) sales, purchases, exchanges of assets, loans or extensions of credit, guarantees, investments or any other transaction involving the transfer of assets from or liabilities to a Person equal to or exceeding three percent of the MCCN's Net Worth;

- ii) all management agreements, service contracts, cost-sharing arrangements and all contracts providing for the rendering of services on a regular systematic basis;

- iii) any series of transactions in subsection (b)(9)(A)(i) or (ii) that are substantially similar to each other and that take place within any 180 day period and that in total are equal to or exceed three percent of the

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MCCN's Net Worth; or

- iv) any other transaction that the Department determines, in its discretion, is material.

- B) Nothing herein authorizes or permits any transaction that is otherwise contrary to law.

- C) An MCCN, or any Affiliate thereof, may not pay an extraordinary dividend or any extraordinary distribution to a Person with an Ownership Interest unless at least 30 days prior to the payment of the dividend or distribution the MCCN, or such Affiliate, notifies the Department of the dividend or distribution in writing. An extraordinary dividend or distribution is any such payment whose fair market value, together with all other dividends or distributions made within 12 months prior to the date on which the proposed payment is scheduled to be made, exceeds the net income of the MCCN for the preceding 12 months.

- c) Definitions. For purposes of this Section:

- 1) "Allowed Claim" means any claim for services rendered within ten days after notification to the provider by the MCCN prior to the commencement of a Bankruptcy or Insolvency Proceeding of an MCCN, or which has been or hereafter is listed by an MCCN on its bankruptcy or insolvency schedules or amended schedules as liquidated in amount and non-disputed or non-contingent and is therefore deemed allowed or for which a proof of claim was timely and properly filed before the bar date or otherwise deemed properly filed in Insolvency Proceeding or Bankruptcy Court, and, in either such case, a claim as to which no objection to the allowance thereof has been interposed on or before the applicable period of limitation fixed by the Bankruptcy Code or the Plan confirmed by a bankruptcy court, or as to which any objection has been determined by a final and non-appealable order of the bankruptcy court to the extent such objection has been determined in favor of a claimant. Any Unrelated Provider for whom the MCCN fails to give notice as set forth in subsection (b)(6)(E), shall have an Allowed Claim for any services rendered within 40 days after commencement of a Bankruptcy or Insolvency Proceeding. Without limiting the foregoing, an Allowed Claim shall not include any interest on such claim for the period from and after the petition date, nor shall such claim include any claim which may be disallowed either in an Insolvency Proceeding or under Section 502(d) of the Bankruptcy Code, as it may hereafter be amended or superseded and in effect from time to time.

- 2) "Insolvency Proceeding" means any proceeding or hearing, whether administrative or in a court of competent jurisdiction, brought for the purpose of:

- A) rehabilitating, liquidating or dissolving an MCCN where such MCCN has failed to or can no longer in the future be financially responsible and may reasonably be expected to be

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- unable to meet its obligations to Enrollees;
- B) the MCCN does not arrange for or provide for covered services;
- C) the MCCN is found to be in a condition which does not meet the financial and Net Worth requirements of these rules, including all trust account requirements; or
- D) has commenced, or has attempted to commence, any voluntary liquidation or dissolution proceeding or any proceeding to procure the appointment of a receiver, liquidator, rehabilitator, sequestrator, or a similar officer for itself.
- 3) "Net Worth" means, as determined in accordance with generally accepted accounting principles, with respect to any entity, the consolidated Net Worth of such entity after subtracting therefrom the aggregate amount of any intangible assets of such entity, including good will, franchises, licenses, patents, trademarks, trade names, copyrights, service marks and brand names.
- 4) "Out-of-MCCN Medical Services" means services provided to Enrollees of an MCCN by an Unrelated Provider not contractually affiliated to provide services to Enrollees of the MCCN.
- 5) "Statutory Payment Obligation" is defined by subsections (b)(6)(A) and (B) of this Section.
- 6) "Unrelated Provider" means any Provider that does not have an ownership or other governing interest in the MCCN, or is not commonly controlled or employed by the MCCN or by an organization with such an interest. An agreement or contract to provide medical services is not a governing or ownership interest.

Section 142.230 Organization, Financial and Reporting Requirements for Health Maintenance Organizations (HMOs)

- a) Structure. The Health Maintenance Organization (HMO) shall have a Certificate of Authority to conduct business as an HMO in the State of Illinois.
- b) Financial Requirements
- 1) HMO Requirements. An HMO must meet the financial requirements of the Health Maintenance Organization Act [215 ILCS 125]. Upon notice from the Illinois Department of Insurance (DOI) that an HMO fails to maintain a certificate of authority to operate as an HMO in the State of Illinois, the Department shall have the authority to terminate the contract with or without cause.
 - 2) Establishment of Trust Account
 - A) Each HMO shall fund and maintain such funding of a trust established by the Department for purposes of protecting Unrelated Providers. An Illinois bank authorized or designated by the Department shall act as the Trustee and the Department, in its discretion, shall have exclusive administrative and directive authority over the Trustee and

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the funds deposited into the trust account in accordance with this Part, the applicable statutory provision and the implementing trust document. Except as otherwise provided herein the funds in the trust account shall be for the benefit of and available only to satisfy the HMO's payment obligations to the Trustee, the Department and, in the event the HMO becomes subject to an Insolvency Proceeding, any Unrelated Providers. This trust account shall also be available in the event that the contract between the HMO and the Department terminates, without regard to why the contract terminates or which party is responsible for such termination. The Department shall be an additional beneficiary of the trust account to the extent of its payments to or contingent payment obligations to Unrelated Providers with respect to their Allowed Claims against the HMO, as well as any and all of its cost or expenses incurred in relation to its administrative oversight, including, without limitation, any enforcement action, insolvency involvement or payment under this Part. In connection therewith, distributions from a trust account shall be in accordance with the following order of priority:

- i) to the payment of any otherwise unsatisfied Statutory Payment Obligations to an Unrelated Provider with an Allowed Claim, or the authorized assignee of such claim;
- ii) to the payment of the pro rata amount owed to any Unrelated Provider with an Allowed Claim, or the authorized assignee of such claim, who has an otherwise unsatisfied or deficiency claim after all Statutory Payment Obligations have been satisfied;
- iii) to the payment of the fees, costs and expenses of a Trustee (including those of its agent, attorneys or other professionals), for action taken pursuant to a trust agreement;
- iv) to the payment of the fees, adjustments and sanctions in the event of termination of the contract, and costs or expenses incurred by the Department, in any event, including, without limitation, those of its agents, attorneys or other professionals, as a consequence of its administration or enforcement of the trust account or otherwise pursuant to these regulations; and
- v) any remaining monies left in the trust account shall be subject to return by the Trustee to the HMO after the HMO ceases to provide health care services to Enrollees under this Section and after the Department is satisfied that the Allowed Claim amounts owed to Unrelated Providers by the HMO, as well as any amounts due the Trustee or Department, have been satisfied.

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B) In the event that the contract terminates for any reason except insolvency of the HMO, the trust fund shall be maintained for a period of 14 calendar months, such months beginning on the date of termination. The HMO must give notice of such termination to all Unrelated Providers within 30 days after the date of termination. Disbursement of funds in the trust account in the event of a contract termination, and where no Insolvency Proceeding has been initiated within 12 months after the contract termination, shall be in accordance with subsection (b)(2)(A)(iv) of this Section. After the 12 month period has elapsed, any remaining funds in the trust account shall be returned to the HMO.

C) The assets of the trust shall consist of Cash, and in such percentages and types as permitted by the Department and allowed under 215 ILCS 125/3-1, Cash Equivalents or Credit Enhancements in an aggregate amount equal to the following:

- i) for its first year as an HMO under this Section, the projected quarterly average of the HMO's outstanding medical care costs owed to Unrelated Providers and Non-Acknowledging Related Providers, including, but not limited to, capitated payments and fee-for-service medical care costs owed to Unrelated Providers and Non-Acknowledging Related Providers, or
- ii) for each year thereafter the actual quarterly average of such outstanding medical care costs, to be recalculated and adjusted on a quarterly basis in accordance with accepted actuarial principles, to Unrelated Providers and Non-Acknowledging Related Providers within 30 days after the end of each fiscal quarter.

D) Each HMO shall receive a written notice from the Department of the amounts that it is required to deposit in the trust account. Such amounts must be submitted within 14 calendar days from the date of such notice or the HMO must meet the requirements of subsection (b)(2)(G) of this Section. Should the HMO fail to submit the required amount within 14 days, the Department may withhold the required amount from future capitation payments and the Department shall then forward the withheld required amount to the Trustee. Any such action by the Department is in addition to the sanctions set forth in subsection (b)(2)(H).

E) The amount maintained in such a trust account must at all times be kept segregated from any and all accounts of the HMO. An HMO's use of Credit Enhancements may not exceed such percentage of the required funding of the trust account as may be allowed by the Department. Cash Equivalents shall be marked to market or revalued on a monthly basis and shall

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be replenished within two days after notice thereof to the extent their value decreases by two percent or more from that portion of the required funding level in the trust account which they represented or satisfied.

F) All Cash or Cash Equivalents received or held by a Trustee under the provisions of a trust agreement in a trust account shall be "trust funds" under this Part and shall not be subject to lien or attachment by any creditor of an HMO or creditor of a Trustee or of any individual Unrelated Provider, or any other creditors of any other beneficiary thereunder. The Department on behalf of itself and Unrelated Providers, and the Trustee, however, are specifically permitted to have a lien on such assets to the extent of payment due to each of them under the relevant trust agreement. Such trust funds shall be held in trust and applied in accordance with the provisions of this Part or any further regulations promulgated by the Department and the relevant trust agreement.

G) Each HMO shall at all times insure that the trust account described in this Section is funded at the level required under this Section. An HMO that fails to maintain this funding level must:

- i) File with the Department a plan for correction of the deficiency, within 14 calendar days as set forth in subsection (b)(2)(D), acceptable to the Department, and
- ii) Correct the deficiency within a reasonable time, not to exceed 30 days from the filing of such plan unless, due to extraordinary circumstances, an extension of time, not to exceed 30 additional days, is granted by the Department.

H) Failure to correct the deficiency within the time limit specified in subsection (b)(2)(G)(ii) shall allow the Department to impose any or all of the following sanctions:

- i) Withhold an amount equal to ten percent of all monthly payments due the HMO for the noncompliance with the Department's request.
- ii) Remove the HMO from the list of qualified Providers for the following contract period, precluding a contract between the HMO and the Department.
- iii) Freeze enrollment in or addition of new sites to the HMO.
- iv) Exercise the termination provisions of the contract between the Department and the HMO.

I) Should an HMO fail to pay the amount set forth in subsection (b)(2)(C) and fail to file a corrective plan as set forth in subsection (b)(2)(G), the Department shall impose any or all of the sanctions set forth in subsection (b)(2)(H).

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J) In the event that any of the sanctions above shall occur, the HMO shall immediately notify its subcontract Providers that such penalty was imposed and shall provide the Department with a list of such Providers.

3) Reimbursement of Fees and Costs

A) The HMO shall be obligated to reimburse the Department and the Trustee, upon request, for all reasonable expenses, disbursements and advances incurred or made by the Department or Trustee in accordance with any provision of this Part or an approved trust agreement, including the reasonable compensation and the expenses and disbursements of its agents, counsel and professionals. All such payments and reimbursements shall be made with interest at the Illinois statutory rate for unsatisfied judgments, as prescribed in Section 2-1303 of the Code of Civil Procedure [735 ILCS 5/2-1303].

B) As security for the performance of the obligations of the HMO under this Part to reimburse the fees and costs of the Department and Trustee, the Department on behalf of itself and Unrelated Providers, and Trustee shall have a lien prior to any individual Unrelated Provider and the HMO upon all property and funds held in a trust account.

C) The Department and Trustee of an HMO are additional express beneficiaries of a trust account to the extent necessary to be reimbursed from a trust account for any amounts due the Department or Trustee from the HMO.

4) Department Obligations in the Event of HMO Insolvency. If an HMO, other than a County HMO, is made subject to an Insolvency Proceeding under Section 187 of the Illinois Insurance Code [215 ILCS 5/187], then, after liquidation and application of any available assets, resources, and reserves, in the estate of the HMO or from any other source, the Department shall:

A) Pay the amounts of the Statutory Payment Obligation under this subsection (b)(4), calculated based on the total amount owed by the HMO to Unrelated Providers before application in the Insolvency Proceedings of any available assets, resources, any other reserves and funds in the trust account.

B) Only after application of any available assets, resources, any other reserves and trust funds, pay any remaining unsatisfied amounts of the Statutory Payment Obligations in the event of the insolvency of an HMO. Statutory Payment Obligations shall be subject to amendment of the relevant statutory provision. The Department shall pay that portion of the amounts owed by an HMO to Unrelated Providers for services rendered to Enrollees under Mediplan Plus in an amount based on the following schedule:

i) From April 1, 1995, through June 30, 1998, 90 percent

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of the remaining Allowed Claim amounts owed;
 ii) From July 1, 1998, through June 30, 2001, 80 percent of the remaining Allowed Claim amounts owed; and
 iii) From July 1, 2001, through June 30, 2005, 75 percent of the remaining Allowed Claim amounts owed.

C) After June 30, 2005, the Department will not pay any amounts owed to Unrelated Providers as a result of an Insolvency Proceeding of an HMO filed after that date.

D) The Department is not obligated, at any time, to pay amounts owed to a Provider that has an Ownership or other Governing Interest in the HMO. Further, this Section applies only to HMOs and the services they provide under Mediplan Plus [305 ILCS 5/5-16.3(n)].

E) Required Notices. Any HMO which becomes subject to Insolvency Proceedings must provide written notification of such event within 30 days after such proceedings to all Providers within its HMO network. Such notice shall contain an explanation of an Unrelated Provider's rights to submit a claim or rights relating to Statutory Payment to an Allowed Claim. In order for an Unrelated Provider to preserve its claim or rights relating to Statutory Payment Obligations in any Insolvency Proceeding in which an HMO is subject, the Unrelated Provider must file a timely notice with the Department that conforms either to the official proof of claim form used in the Insolvency Proceeding or any other notice form that may be promulgated or required by the Department, or which otherwise contains at least the following information:

i) name and address of the Unrelated Provider;
 ii) brief discussion of dates and type of services provided to the insolvent HMO that forms the basis of the alleged claim;

iii) indicates the amount of the claim and whether it is disputed, contingent or subject to set-off; and
 iv) discloses whether the claim has been purchased, transferred, pledged or otherwise assigned.

F) To be timely, such notice must be sent to the Department within six months after the complaint in the Insolvency Proceeding, but no later than any lesser time set to file claims in such Insolvency Proceeding at the following address:

Illinois Department of Public Aid
 Attention: Chief, Bureau of Managed Care
 201 South Grand Avenue East
 Springfield, Illinois
 62763-0001

G) Assignability of Allowed Claims. Except as otherwise prohibited by applicable law, the Department or any other Unrelated Provider and any assignee Unrelated Provider's

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entity may purchase an Allowed Claim of an Unrelated Provider and thereby become subrogated to such Unrelated Provider's rights to recover on its Allowed Claim, including the right to seek payment from a trust account.

- 5) Annual CPA Audit Report. Each contracting HMO shall be audited annually by a licensed independent certified public accountant or an accounting firm. Such annual audit is to be performed in accordance with generally accepted auditing standards. The audit report is to contain the auditor's opinion as to the HMO's compliance with the trust requirements contained in subsection (b)(2) of this Section. Such annual audit report is to be filed with the Department due on or before June 1 of each calendar year.

- 6) Standards for transactions. Any notice required to be filed with the Director of the Department of Insurance pursuant to Section 131.20a of the Illinois Insurance Code [215 ILCS 5/131.20a] must also be filed, within the same required time period, with the Director of the Department.

c) Definitions. For purposes of this Section:

- 1) "Allowed Claim" means any claim for services rendered within ten days after notification to the Provider by the HMO, prior to commencement of an Insolvency Proceeding of an HMO, or for which a proof of claim was timely and properly filed before the bar date or otherwise deemed properly filed under Section 208 of the Illinois Insurance Code [215 ILCS 5/208] or by a Court, and, in either such case, a claim as to which no objection to the allowance thereof has been interposed by the Director of the Department of Insurance, or as to which any objection has been determined by a final and non-appealable order of the Court to the extent such objection has been determined in favor of a claimant. Any Unrelated Provider for whom the HMO fails to give notice as set forth in subsection (b)(4)(E) of this Section, shall have an Allowed Claim for any services rendered within 40 calendar days after commencement of an Insolvency Proceeding. Without limiting the foregoing, an Allowed Claim shall not include any interest on such claim for the period from and after the filing of the complaint, nor shall such claim include any claim which may be disallowed by a Court.

- 2) "Court" means an Illinois court, of competent jurisdiction, in which a complaint initiating an Insolvency Proceeding is filed.

- 3) "Insolvency Proceeding" means any proceeding brought for the purpose of rehabilitating, liquidating, conserving or dissolving an HMO pursuant to Section 187 of the Illinois Insurance Code [215 ILCS 5/187].

- 4) "Statutory Payment Obligation" is defined in subsections (b)(4)(A) and (B) of this Section.

- 5) "Unrelated Provider" means any Provider, other than a County HMO, that does not have an Ownership or other Governing Interest in

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the HMO, or is not commonly controlled by or employed by the HMO or by a Person with such an interest. An agreement or contract to provide medical services is not a Governing or Ownership Interest.

Section 142.240 Prepaid Health Plan (PHP)

- a) Prepaid Health Plans (PHPs) that contract with the Department may participate in MediPlan Plus as an MCE subject to all requirements of these rules except Sections 142.220, 142.230, 142.500, 142.502, 142.505, 142.532 and 142.560.

- b) PHPs will have one year from the Date of Initial Coverage of an Enrollee to complete a transition to an MCCN, with the exception of a PHP that is owned or operated by an Illinois county with a population greater than three million which will have two years to complete a transition. Any PHP that fails to transition to an MCCN at the conclusion of the designated period will no longer be permitted to participate as an MCE in MediPlan Plus.

- c) Obligations of the Department in Bankruptcy and Insolvency

- 1) If a PHP, other than a PHP that is owned or operated by an Illinois county with a population greater than three million, is declared bankrupt in, or otherwise made subject to, a Bankruptcy Proceeding under the Bankruptcy Code, or an Insolvency Proceeding, the Department is not obligated to pay amounts owed by the PHP to a Provider, whether related or unrelated, for any services provided within one year from the Date of Initial Coverage.

- 2) If a PHP that is owned or operated by an Illinois county with a population greater than three million is declared bankrupt in, or otherwise made subject to, a Bankruptcy Proceeding under the Bankruptcy Code, or an Insolvency Proceeding, the Department is not obligated to pay amounts owed by the PHP to a Provider, whether related or unrelated, for any services provided within two years from the Date of Initial Coverage.

- d) For the purpose of this Section, "Date of Initial Coverage" means the first effective coverage date printed on the first MediPlan Plus card produced for the first MediPlan Plus Enrollee.

Section 142.250 Disclosure of Interest

- a) All Disclosing Entities (other than individual physicians) shall comply with the disclosure requirements specified in 42 C.F.R. Part 455, including, but not limited to, filing with the Department at initial enrollment and within 35 days after a change occurring, a disclosure statement containing the following:
 - 1) The name, work address, home address, date of birth, social security number and gender of each Person with an Ownership or Control Interest in the Disclosing Entity of five percent or

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- more.
- 2) Whether any of the Persons so identified is related to another so identified as the individual's spouse, child, brother, sister, or parent.
 - 3) The name of any Person With an Ownership or Control Interest of five percent or more, in the Disclosing Entity, who also has an ownership or control interest of five percent or more, in another Disclosing Entity and the name or names of the other Disclosing Entity.
 - 4) The name and address of any Person With an Ownership or Control Interest in the Disclosing Entity or who is an agent or employee of the Disclosing Entity who has been convicted of a criminal offense related to that Person's involvement in any program under Titles XVIII, XIX, or XX of the Social Security Act, since the inception of such programs.
 - 5) Whether any Person identified in subsections (a)(1) through (4) of this Section, is terminated, suspended, barred or otherwise excluded from participation, or has voluntarily withdrawn as the result of a settlement agreement, in any program under Titles XVIII, XIX or XX of the Social Security Act, or has within the last five years been reinstated to participation in any program under Titles XVIII, XIX or XX of the Social Security Act, and prior to said reinstatement had been terminated, suspended, barred or otherwise excluded from participation, or has voluntarily withdrawn as the result of a settlement agreement, in such programs.
 - 6) Within 35 days after the transaction, report any transactions between the Disclosing Entity and a party in interest described in Section 1318(b) of the Public Health Services Act (42 U.S.C. Section 300e-17(b)) including:
 - A) any sale or leasing of any property between the Disclosing Entity and such a party;
 - B) any furnishing for consideration of goods, services (including management services), or facilities between the Disclosing Entity and such a party, but not including salaries paid to employees for services provided in the normal course of their employment; and
 - C) any lending of money or other extension of credit between the Disclosing Entity and such a party.
 - 7) The Disclosing Entity shall, within 35 days after a written request thereof, submit to the Department information regarding any business transaction between the Disclosing Entity and a subcontractor or wholly owned supplier or other Disclosing Entity and the names of those entities.
 - b) Individual physicians serving as EMCs shall comply with the following disclosing requirements at initial enrollment and when changes occur by submitting a disclosure statement containing the following:
 - 1) The name of any Disclosing Entity in which the individual

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- physician has an Ownership, Governing or control Interest of five percent or more.
- 2) Whether the individual physician is related to a Person as a spouse, child, brother, sister, or parent, who has an Ownership, Governing or control Interest of five percent or more in the same Disclosing Entity.
 - 3) Whether the individual physician has been convicted of a criminal offense related to that Person's involvement in any program under Titles XVIII, XIX or XX of the Social Security Act since the inception of these programs.
 - 4) Whether the individual physician is terminated, suspended, barred, or otherwise excluded from participation, or has voluntarily withdrawn as the result of a settlement agreement, in any program under Titles XVIII, XIX or XX of the Social Security Act.
 - 5) Within 35 days after the transaction, report any transactions between the individual physician and a party in interest described in Section 1318(b) of the Public Health Services Act (42 U.S.C. Section 300e-17(b)), including:
 - A) any sale or leasing of any property between the physician and such a party;
 - B) any furnishing for consideration of goods, services (including management services), or facilities between the physician and such a party, but not including salaries paid to employees for services provided in the normal course of their employment; and
 - C) any lending of money or other extension after credit between the physician and such a party.
 - 6) The individual physician shall, within 35 days after a written request thereof, submit to the Department information regarding any business transactions between the physician and any other Disclosing Entity or subcontractor to a Disclosing Entity or supplier, of which the physician has Ownership, Governing or control Interest of five percent or more.
 - c) The Department shall include, in every contract or agreement with a Disclosing Entity, a section which sets forth sanctions which the Department may impose on the Disclosing Entity for failure to comply with this Part or the terms and conditions of that contract or agreement.
 - d) The Department shall consider information disclosed under subsections (b)(1), (2), (5) and (6) of this Section exempt from inspection and copying under Section 7(1)(b) or (g) of the Freedom of Information Act [5 ILCS 140] if so designated in writing by the individual physician.

Section 142.255 Marketing

- a) The MCE or EMCP shall not engage in any Marketing practices which may either, directly or indirectly, mislead, misrepresent or defraud

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- either an Eligible Enrollee or the Department.
- b) The MCE or EMCP shall not make any claims or representations that they are endorsed or otherwise recommended by a governmental authority or that an Eligible Enrollee could lose Medical Assistance benefits if he or she does not select a particular MCE or EMCP.
 - c) The MCE or EMCP shall not threaten, harass, make untruthful statements or otherwise coerce Eligible Enrollees regarding the merits of enrollment or disenrollment in any MCE or EMCP.
 - d) The MCE or EMCP is prohibited from conducting unsolicited telephone calls or visits in an Enrollee's home and from Marketing in any Department offices or the immediate surrounding area of those offices.
 - e) Employees, agents, representatives or subcontractors of an MCE or EMCP may not engage in any Marketing practices which either directly or indirectly use undue influence, coercion or other willful acts which interfere with an Eligible Enrollee's right to select a Provider.
 - f) The MCE or EMCP, with Marketing staff, shall be responsible for all Marketing activities, conducted on their behalf, by employees, agents, representatives or subcontractors of the MCE or EMCP.

- 1) All Persons engaged in Marketing activities shall be registered with the Department and licensed in accordance with applicable contract provisions and, to the extent applicable, the administrative rules and regulations of the Illinois Department of Insurance. Any individual who has been removed, terminated, suspended, or barred, or has voluntarily withdrawn as a result of a settlement agreement or otherwise has been disciplined for engaging in any prohibited Marketing practices or misconduct associated with any Marketing activities, may not perform any Marketing activities related to any contract the Department has with an MCE or EMCP.

- 2) Upon request of the Department or as set forth in the applicable contract, the MCE or EMCP shall submit all credentialing information regarding individuals who will perform any Marketing activity for the MCE or EMCP. For HMOs, this provision applies to any individual who must hold a limited license under the Illinois Insurance Code [215 ILCS 125/4-11]. For MCOs, PHOs and EMCPs this provision applies to any individual performing Marketing functions similar to HMO staff described above.

- 3) While engaging in Marketing activities, all employees, agents, representatives or subcontractors shall wear name tags which identify them and the MCE or EMCP which the individual represents.

- 4) Any employees, agents, representatives or subcontractors conducting Marketing activities shall inform Eligible Enrollees that they are representatives of the MCE or EMCP and not in any way affiliated with the Department.

- 5) The MCE or EMCP may conduct Marketing activities at Provider sites, but only in common areas of the clinic or office. Marketing activities at Provider sites may not occur in any area

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where an Eligible Enrollee receives medical care or treatment of any kind.

- 6) The MCE or EMCP shall submit a Marketing plan annually. This Marketing plan and any subsequent modification thereof, is subject to the review and approval of the Department prior to its implementation. The MCE or EMCP shall also submit to the Department: any and all materials it intends to use in performing Marketing activities in all media. These Marketing materials shall include, but are not limited to, brochures, fact sheets, leaflets, newspapers, magazines, billboards, yellow page advertisements, radio, television, posters, lectures, presentation materials used by Marketing staff; location and site; description of Marketing activities; and the timetable in which to conduct such Marketing activities. These materials cannot be used until the MCE or EMCP receives approval from the Department.

- 7) Marketing materials shall include, at a minimum, the MCE or EMCP's name, business office address, telephone number and TTY telephone number.

- 8) The MCE or EMCP shall maintain an appropriate customer service staff to serve the Eligible Enrollee population. Where the Eligible Enrollees do not speak English or have hearing impairments, the MCE or EMCP shall offer interpreter services or TTY telephones, as appropriate, to communicate with the Eligible Enrollees who have selected or are considering selecting that MCE or EMCP.

- 9) The MCE or EMCP shall develop and maintain procedures to resolve Marketing complaints. Those procedures shall include a written log documenting the nature of the complaint, the name of the individual the complaint is concerning, the resolution of the complaint, and an indication of what corrective action, if any, was taken by the MCE or EMCP to avoid similar complaints in the future.

- 10) The MCE or EMCP shall make Marketing materials available in large print and Braille or audiotope.

- g) The MCE or EMCP shall not, as inducements to enroll or disenroll in any MCE or EMCP, offer or provide cash, gifts, incentives or rebates to Eligible Enrollees, unless such gifts or incentives are provided to meet the objectives of the Medical Assistance Program; are related to health care; do not exceed a nominal value; have been pre-approved by the Department; and do not violate any of the Department's guidelines, rules, regulations or policies.

- h) The MCE or EMCP shall make materials available to Eligible Enrollees in both English and Spanish languages.

- i) The MCE and EMCP shall conduct all Marketing activities in a language understood by the Eligible Enrollees. Where that language is other than English, or for Eligible Enrollees with hearing impairments, the MCE or EMCP shall offer, and if accepted, provide interpreter

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services. Such services may not be rendered by any individual who is under eighteen years of age.

j) An EMCP who uses materials other than those provided by the Department to inform Eligible Enrollees about their Provider Options shall submit all material to the Department for approval prior to its distribution to or use with Eligible Enrollees.

k) The MCE or EMCP shall not offer or provide cash, gifts, services, or rebates to employees of the Department or its agents. This exclusion shall not apply to any employee benefit packages or plans which an MCE may be offering to State employees as a benefit of their employment.

l) The MCE or EMCP shall provide Eligible Enrollees with Provider information as follows:

1) For individual physician EMCPs, the EMCP's name, office address and telephone number, office hours, and procedures for after hours care.

2) For other EMCPs, each Care Coordinating Provider's name, office address and telephone number, office hours, and procedures for after hours care.

3) For MCEs, the MCE's name, business address, telephone number and TTY telephone number. The MCE shall further make available a Provider directory containing, at a minimum, the names, addresses and telephone numbers of all hospitals and all pharmacies as well as the name, office address and telephone number, office hours and procedures for after hours care for each Care Coordinating Provider in the MCE's Plan.

Section 142.260 Enrolled Managed Care Provider (EMCP) Participation Conditions

a) An EMCP must meet the following conditions:

1) For physicians, be licensed to practice medicine in all its branches.

2) For FQHCs or RHCs, meet the certification requirements in the 89 Ill. Adm. Code 140.461.

3) For CPACs, meet the requirements in 89 Ill. Adm. Code 140.461.

b) In addition to the requirements in subsection (a)(1), an EMCP participating as a woman's health care EMCP must specialize in obstetrics or gynecology.

c) EMCP Responsibility for Care

1) An EMCP provides, authorizes and coordinates care across the full range of covered services for Enrollees.

2) A woman's health care EMCP provides, authorizes and coordinates obstetrical or gynecological care or care for fetal or neonatal complications.

d) Providers that qualify as a woman's health care EMCP can elect to participate as an EMCP, a woman's health care EMCP, or both.

e) An EMCP that is a CPACC may enroll only Eligible Enrollees with chronic and acute conditions of childhood, as specified in Section 142.370.

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f) Participation Requirements. An EMCP shall:

1) Sign an EMCP agreement with the Department, and abide by the terms of the EMCP agreement and the requirements of this Part as applicable. This agreement is supplemental to any other conditions of enrollment.

2) Not be terminated, suspended, barred, or excluded from participation, or have voluntarily withdrawn as the result of a settlement agreement, in Titles XVIII, XIX or XX of the Social Security Act including exclusion by the United States Department of Health and Human Services (or, for the purposes of this program, contract with or employ anyone who is terminated, suspended, barred, or excluded from participation, or has voluntarily withdrawn as the result of a settlement agreement, in the Titles XVIII, XIX or XX of the Social Security Act) or, in the case of FQHCs, RHCs, and CPACs, have a relationship with physicians who are terminated, barred, suspended, or excluded.

3) Not be in violation of State income tax requirements [35 ILCS 5], child support payments [89 Ill. Adm. Code 160.60(a)(3)], and educational loans guaranteed by the Illinois State Scholarship Commission [110 ILCS 947/105], as applicable.

4) Maintain active hospital admitting privileges and delivery privileges, as appropriate, or, in the case of CPACs, FQHCs and RHCs, have a relationship with physicians who do. Any physician who does not meet this requirement may apply to the Department for an exception in accordance with subsection (h).

5) Declare a specified Enrollee capacity by site.

6) Declare whether he or she is participating as an EMCP or a woman's health care EMCP, or both.

7) Render care to each Enrollee in accordance with the Department's rules, policies, and official notices; the EMCP agreement; and State and federal laws and regulations unless contrary to moral or religious beliefs as defined in the Right of Conscience Act [745 ILCS 70], or provide appropriate referral options for necessary care.

8) Agree to authorize non-emergency health care services deemed appropriate by the EMCP but rendered by other providers.

9) Assume that all persons providing health care services, whether they be employees, agents, subcontractors or anyone acting for or on behalf of the EMCP, are properly licensed under applicable State law and regulations, and, if applicable, are eligible to participate in the Medical Assistance program. The EMCP shall maintain copies of current licenses of all staff subject to licensure.

g) After Hours Coverage

1) An EMCP must be available or make available medical professionals, either in person or by telephone, to triage an Enrollee's request for care and to direct the Enrollee to an appropriate source of Emergency Care, Urgent Care, or routine

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care.

- 2) Coverage must be available 24 hours a day, seven days per week.
- 3) Telephone calls shall be returned within a reasonable length of time.

h) Special Requirements

- 1) The Department will consider requests from physicians who are unable to meet the hospital admitting privileges criteria for enrollment in MediPlan Plus if the physician has executed a formal agreement with another physician to accept referrals for hospital admissions.
- 2) The request will be reviewed by members of the State Medical Advisory Committee and a recommendation will be made by that body as to whether the physician should be enrolled as an EMCP into the program. At the discretion of the Committee, the requesting physician may be asked to appear for an interview and an on-site visit may be made by either a member of the Committee or a physician consultant assigned by the Department.
- 3) All exceptions must be renewed annually. Each renewal will follow the procedures described below. Requests are to be dated by the Provider and forwarded to:

Illinois Department of Public Aid
Division of Medical Programs
Provider Participation Unit
P.O. Box 19114
Springfield, Illinois 62794-9114

- 4) For consideration to be given, the requesting physician must submit the following information and supporting documentation in a format specified by the Department which provides the following:

- A) Complete name, mailing address, Illinois practice license number and Medicaid provider number, if any.
- B) Declared practice specialty.
- C) Listing of all practice locations.
- D) Name and location of hospitals applied to for admitting privileges, if any.
 - i) Status of each request, i.e., pending or closed (if closed, provide the reason given by the hospital for not granting privileges, if applicable).
 - ii) If application has never been made, a statement explaining why.
- E) Name(s) of physician(s) with whom a formal agreement(s) has been executed.
 - i) Illinois license number of the Medicaid enrolled physician(s) with hospital admitting privileges and name(s) of hospitals where admitting privileges are in effect.

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- i) The Department reserves the right to review each EMCP to determine whether the EMCP has the ability to satisfy the terms of the EMCP agreement.
 - ii) Copy of formal agreement(s).

Section 142.270 MediPlan Plus Fee-For-Service Payment Controls

- a) For Enrollees of an EMCP, payment for covered services, other than those listed in subsection (b) below, will be made only if the claim carries one of the EMCPs' Medicaid Provider identifiers or one of the Medicaid identifiers or license number of another Provider authorized by the EMCP to provide those services. Payments shall be made only to Providers enrolled with the Department for covered services rendered to Enrollees.
- b) The following services do not require EMCP authorization for payment:
 - 1) Emergency Care as defined in Section 142.110.
 - 2) Childhood immunizations.
 - 3) Family planning services and supplies, including physical examination and counseling provided during the visit, annual physical examination for family planning purposes, pregnancy testing, voluntary sterilization, insertion or injection of contraceptive drugs or devices, contraceptive drugs and supplies, related laboratory and diagnostic tests, testing/screening for and drugs used for the treatment of HIV/AIDS and sexually transmitted infections.
 - 4) Laboratory services, including testing for blood lead levels, sexually transmitted diseases, and human immune deficiency virus.
 - 5) Epidemiological Survey (Code v7401).
 - 6) Medically necessary transportation to and from the source of medical care.
 - 7) Early intervention services.
 - 8) Services provided through school based clinics.
 - 9) Services provided by County Providers as defined in 305 ILCS 5/15-1(a-5).
 - 10) Mental health services described in Section 142.450(b)(2), provided that the proper authorization is received through the MediPlan Plus Referral Agent as described in Section 142.275(b).
 - 11) Services provided by an FOHC in the instance where at the time of enrollment the Enrollee did not have a choice allowing access to FOHC services.
 - 12) Alcohol and substance abuse treatment services as defined in the State Medicaid Plan and in 77 Ill. Adm. Code 2090 funded by the Department of Alcoholism and Substance Abuse.
- c) If a female Enrollee has chosen to designate a woman's health care EMCP, as described in Section 142.260(b), in addition to an EMCP, covered services can be provided or authorized by either EMCP.
- d) If a female Enrollee chooses an EMCP and a woman's health care EMCP, as described in Section 142.260(b), the EMCPs will coordinate

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- provision of care to the Enrollee.
- e) All separately billable services provided during an authorized inpatient hospital stay do not require EMCP authorization. These claims must be identified by the place of service (inpatient) listed on the bill.
 - f) Covered services paid for by other State agencies shall be subject to payment controls established by other State or local agencies and approved by the Department.
 - g) Covered services rendered by a Provider other than the Enrollee's EMCP must be authorized in accordance with the provisions set forth in Section 142.275 of this Part.
 - h) When the EMCP refers the Enrollee to another Provider, the EMCP must notify the Department or its designee that a referral was made.
 - i) When an Enrollee independently seeks care from a Provider other than the EMCP, the referral Provider will not be paid unless the EMCP authorizes the services or the services are authorized pursuant to Section 142.450, and notifies the Department or its agent.
 - j) If the referral Provider determines that referral to another Provider is required, the EMCP, as described in Section 142.260(a)(1) or (b), must authorize all subsequent referrals.

Section 142.275 Referral and Billing Authorization Process

- a) Referral and Billing Authorization Process
 - 1) The Department or its designee will operate the authorization system.
 - 2) The EMCP or MCE will notify the Department or its designee that an Enrollee has been referred for health care services and that the EMCP or MCE authorizes the services rendered by another Provider.
 - 3) The notification of a referral shall be in a manner determined by the Department and shall include, at a minimum, Enrollee information and type of service(s) required.
 - 4) The Department or its designee will record the authorization. Payment will not be made unless authorization is received and recorded with the Department and the services are rendered by a Provider enrolled with the Department.
 - 5) The Provider rendering the care authorized by the EMCP or MCE must also notify the Department or its designee.
 - 6) The Department or its designee will send confirmation that the service(s) the referral Provider intends to render are consistent with the service(s) authorized by the EMCP or MCE.
 - 7) Unless otherwise specifically noted by the EMCP or MCE, service authorizations will be valid for a period of six months.
 - 8) The EMCP or MCE will notify the Department or its designee that an Enrollee has been referred for treatment of certain behavioral health services, as defined in Section 142.450(b). A Provider of services described in Section 142.250(b) may seek authorization

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- 9) Should a claim for a service requiring authorization be presented to the Department and no record of the authorization has been received from the MediPlan Plus Referral Agent (MPRA), the claim will be rejected.
- 10) The Provider rendering inpatient care for which a referral is not required must notify the Department or its designee within 24 hours after the admission.
- b) MediPlan Plus Referral Agent

The MediPlan Plus Referral Agent (MPRA) will coordinate the referral for and authorization of claim for services. The Department may contract with an entity to perform this function.

Section 142.280 Change of Ownership

- a) For purposes of this Section, the following terms shall be defined as follows:
 - 1) "Change of ownership." A change of ownership occurs whenever the ultimate legal authority to control the activities and policies of the Managed Care Entity (MCE) is transferred to another individual, group, or legal entity, or whenever there is a change in the legal form under which the controlling entity is organized.
 - 2) "Owner" means the owner of a Managed Care Entity (MCE) that has the ultimate responsibility for the operation of the entity, including the final authority to make or control operational decisions and legal responsibility for the management of the business.
- b) Transactions constituting a change of ownership include, but are not limited to, the following:
 - 1) Sale or donation: The sale or donation of the entity's legal title constitutes change of ownership regardless of the legal form of the entity.
 - 2) Corporation: The merger of the Provider corporation, or the consolidation of two or more corporations resulting in the creation of a new corporation, constitutes a change of ownership. Transfer of corporate stock, or the merger of another corporation into the Provider corporation where the original Provider corporation survives, does not constitute change of ownership.
 - 3) When a non-profit corporation becomes a general corporation, or a for-profit corporation becomes a non-profit corporation, there is a change of ownership. A change in membership of a non-profit corporation does not constitute change of ownership.
 - 4) Partnership: A change of ownership occurs when a partnership dissolves, one partner is replaced by another through the removal, addition, or substitution of a partner, when a general partnership becomes a limited partnership, or when a limited partnership becomes general.

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5) Limited Liability Company: A change of ownership occurs when the company dissolves, is sold or transferred, or is otherwise reconstituted by a change in membership which significantly alters the authority and control of the company.

6) Leasing: Leasing all or part of an entity constitutes a change of ownership in the leased portion.

c) Transactions which do not constitute a change of ownership include, but are not limited to, the following:

1) Changes in the membership of a corporate board of directors or board of trustees which do not significantly alter the authority or control of the company.

2) Changes in the membership of a non-profit corporation which do not significantly alter the authority or control of the company.

d) Contract Amendments/Change of Ownership

1) Any change of ownership of an MCE shall constitute a contract amendment which requires the prior written approval of the Department. Any such change shall be submitted for Department review 60 days prior to the desired effective date. The contractor must submit a detailed merger, reorganization, assignment, and/or transition plan to the Department for review and approval on forms approved by the Department. Additionally, any change of ownership of a subcontractor that is related to or affiliated with the contractor shall constitute a contract amendment which shall be submitted in writing to the Department 60 days prior to the desired effective date for the Department's approval. The subcontractor must submit a detailed merger, reorganization, assignment, or change of ownership plan on forms approved by the Department.

2) The purpose of Department review is to insure uninterrupted services, to evaluate the new entity's ability to support the provider network, and minimize any potential adverse effect of such merger, reorganization, assignment, or change of ownership on major components of the organization and Department programs.

e) Recoupment

1) Managed Care Entities (MCEs) shall be required to sign an agreement which states that if there is a change of ownership, the transferee shall be informed of the liability, whether overpayment or other improper or erroneous payment, and the transferee shall assume responsibility for repaying the debt to the Department according to the terms of the original agreement. The transferee is responsible for contacting the Department to ascertain the amount of the liability.

2) The transferor shall remain liable for all penalties assessed against the transferor for any violations which occurred prior to the effective date of the change of ownership.

3) All MCEs shall sign an agreement specifying the terms of recoupment. An agreed percentage of the total payment to the provider for services rendered shall be deducted from future

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payments until the debt is repaid or the Provider and the Department may agree on other method(s) of payment. For Providers who are properly certified, licensed, or otherwise qualified under appropriate State and federal requirements, the recoupment period shall not exceed six months from the month in which payment is authorized. For those Providers enrolled but not in good standing (for example, decertification, termination hearing, or other adverse action is pending), recoupment will be made from the next available payments owed the Provider.

4) In the event that the MCE fails to comply with the recoupment terms of the agreement, the remaining balance of any advance payment shall be immediately recouped from claims being processed by the Department. If such claims are insufficient for complete recovery, the remaining balance will become immediately due and payable by check to the Illinois Department of Public Aid. Failure by the Provider to remit such check will result in the Agency pursuing other collection methods under State law.

5) The terms of any agreement signed between the MCE and the Department prior to the adoption of this Part will remain in effect, notwithstanding the provisions of this Part.

f) Effect of Change of Ownership on Payments Under DRG Prospective Payment System

1) When a hospital's ownership changes, pursuant to this Section, the following rule applies: Payment for the cost of inpatient hospital services for each patient, including outlier payments, will be made to the Person that is the legal owner on the date of discharge. Payments will not be prorated between the new owner and the former owner.

A) The owner on the date of discharge is entitled to submit a bill for all inpatient hospital services furnished, provided under subsection (b) of this Section, to the Enrollee regardless of when the Enrollee's coverage began or ended during a stay, or of how long the stay lasted.

B) Each bill submitted must include all information necessary for the Department to compute the payment amount, whether or not some of the information is attributable to a period during which a different party legally owned the hospital.

g) Penalties

For failure to comply with the provisions in this Section, the Department may impose one or more of the sanctions set forth in Section 142.800 of this Part.

SUBPART C: ELIGIBLE ENROLLEES AND ENROLLMENT

Section 142.300 Enrollee Participation

a) Only Eligible Enrollees shall participate in MediPlan Plus.

b) The following Clients shall be excluded from enrollment in MediPlan

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Plus:

- 1) Those who reside in an intermediate care facility for the mentally retarded or a nursing facility, excluding the first 100 days for individuals described in Section 142.450(c)(9).
 - 2) Those who were eligible for Medical Assistance in previous months and are determined ineligible for ongoing assistance.
 - 3) Those who are enrolled for spend-down in accordance with 89 Ill. Adm. Code 120.60(d).
 - 4) Those who have significant health care coverage from a third-party payer, including Medicare.
 - 5) Those who are eligible only through the Healthy Start (Medicaid presumptive eligibility) program described at 89 Ill. Adm. Code 120.12.
 - 6) Those who are not citizens of the United States and are receiving only emergency Medical Assistance in accordance with 89 Ill. Adm. Code 120.310.
 - 7) Those residing outside the State.
 - 8) Those who are residents of facilities operated by the Department of Mental Health and Developmental Disabilities (DMHDD).
- c) For Enrollees identified by the Department as having a chronic or acute condition of childhood as defined in Section 142.370, an MCE shall initiate disenrollment in accordance with Section 142.390(e)(7). Upon disenrollment, the child shall be enrolled with an EMCP or in an MCE which satisfies the provisions of 305 ILCS 5/5-16.3(1).

Section 142.340 Eligible Enrollee Enrollment

- a) Enrollment and Selection. Eligible Enrollees shall be sent a written description of the MediPlan Plus options specific to the Contracting Area in which the Eligible Enrollee resides and a selection form. This shall include an explanation that a female Enrollee who chooses an EMCP also has the right to choose a woman's health care EMCP, as described in Section 142.260(b). Eligible Enrollees shall be instructed to exercise a choice and return the form to the Department. If a choice has not been recorded with the Department within 60 days from the mailing date of the initial notification, a second notice will be sent to those Eligible Enrollees who, for any reason, have not been enrolled. If an Eligible Enrollee does not submit an adequately completed selection form within 30 days from the date of the second notice, the Department may assign the Eligible Enrollee to an MCE. Reasons why enrollment has not occurred can include but are not limited to:
- 1) Eligible Enrollee did not return form.
 - 2) Eligible Enrollee returned blank form.
 - 3) Physician enrolled as an EMCP did not accept Eligible Enrollee as patient.
 - 4) Eligible Enrollee chose a woman's health care EMCP, as described in Section 142.260(b), who is enrolled only to provide women's

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health care and the Eligible Enrollee failed to choose another EMCP.

- 5) Eligible Enrollee sent back an incomplete or unreadable form.
- b) Medical Assistance Applicants. The enrollment and selection process for MediPlan Plus for Medical Assistance applicants shall take place at the Local Public Aid Office. At the conclusion of the screening interview, applicants shall be given a written description of the MediPlan Plus options. The applicant has until close of business on the day of the final eligibility interview to make a choice. Those who do not choose may, after becoming an Eligible Enrollee, be assigned to an MCE by the Department, upon determination of eligibility.
- c) For Eligible Enrollees known to the Department when the enrollment and selection process for MediPlan Plus first commences, the Department, or its agent, will make a good faith effort to contact the Eligible Enrollee, by other means than the U.S. Mail, to assist the Eligible Enrollee in making a choice. If after effort of the Department, or its agent, the Eligible Enrollee still fails to make a choice, the Department will assign the Eligible Enrollee to an MCE.
- d) Assignment
 - 1) Eligible Enrollees residing in a Closed Contracting Area, except those described in subsections (d)(3), (4) and (5) of this Section, and not exercising a choice, shall be assigned to an MCE at random based upon current unassigned contract capacity by the Department. The Enrollee and the MCE shall be informed in writing of the assignment on a timely basis.
 - 2) An Enrollee assigned to an MCE by the Department shall be given the opportunity to select an EMCP or a different MCE within a minimum of 60 days after the effective date of coverage in the plan.
 - 3) A woman known to the Department to be pregnant and expected to deliver no later than 60 days following the initial date of MediPlan Plus coverage shall not be assigned.
 - 4) Eligible Enrollees with chronic or acute conditions of childhood pursuant to Section 142.370 who do not exercise a choice shall be enrolled with an EMCP or in an MCE which satisfies the provisions of 305 ILCS 5/5-16.3(1).
 - 5) Enrollees subsequently determined no longer qualifying pursuant to Section 142.370 who fail to make a choice will be reenrolled with the MCE with which the Enrollee was previously enrolled or, if no such enrollment had occurred, will be assigned according to the Department's established procedures, to an MCE.
- e) Enrollees whose eligibility for Medical Assistance is suspended for up to two months and later resumed shall continue to receive coverage under the MCE. The MCE shall continue to receive the appropriate capitated payment as set forth in the contract.
- f) The Department shall maintain a toll-free telephone number for Eligible Enrollees to obtain information about MediPlan Plus.

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- g) The Department of Children and Family Services (DCFS) will choose an EMCP or MCE for children eligible for Medical Assistance who come under the legal custody or guardianship of the DCFS. The Department and the DCFS shall jointly develop enrollment procedures for such children.
- h) Enrollees may choose the site for provision of services and a Care Coordinating Provider offered by the MCE. Female Enrollees may also designate a Care Coordinating Provider for woman's health care.

Section 142.370 Eligible Enrollees with Chronic and Acute Conditions of Childhood

- a) Eligible Enrollees or Enrollees under 19 years of age (children), having any of the diagnoses identified in Section 142.370, will receive services only through an EMCP or an MCE which satisfies the provisions of 305 ILCS 5/5-16.3(1).
- b) Children diagnosed with a chronic or acute condition of childhood not included in Section 142.370 may only be enrolled with an EMCP or an MCE which satisfies the provisions of 305 ILCS 5/5-16.3(1) when the diagnosed condition is one that based on its chronicity, severity, complexity and plan of care will require ongoing or long-term treatment, or follow-up, and will require intensive medical management.

- 1) The Department will determine whether individual children qualify under this subsection (b) on a case by case basis upon request.

This review will:

- A) Determine whether the child will permanently qualify under this subsection (b), and
- B) establish the period of time during which the child's care may not be provided by an MCE, other than an MCE which satisfies the provisions of 305 ILCS 5/5-16.3(1).
- 2) If a child does not qualify, the individual requesting the review and the Provider with whom the child is enrolled, if different from the requester, will be so notified in writing. After the Department finds the child does not qualify, the treating physician(s) may supply additional information and request reconsideration of the Department's decision.
- 3) For any child who qualifies for a limited period of time, the Department will initiate a follow-up review two months prior to the expiration of the qualification period by contacting the child's EMCP or MCE which satisfies the provisions of 305 ILCS 5/5-16.3(1). This follow-up review will follow the process described in subsection (b)(1) and (2) of this Section. The child's EMCP or MCE which satisfies the provisions of 305 ILCS 5/5-16.3(1) and the child's parent or guardian will be notified in writing of the Department's follow-up decision.
- 4) If a child is subsequently determined to no longer qualify as chronically or acutely ill, the child's parent or guardian will

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be notified in writing and asked to make a choice of any available option for the child.

- c) Notwithstanding any other provisions in this Section, a child born to an Enrollee of an MCE shall not be disenrolled pursuant to this Section from that MCE prior to the child's 91st day of life.

Section 142.380 Hospitalized Eligible Enrollees

- a) Except for newborn infants, if an individual becomes eligible for Medical Assistance while hospitalized, the Department shall not enroll that Client in MediPlan Plus until after he or she has been discharged from the hospital to the home or into a non-hospital facility.
- b) Newborn infants whose mothers are enrolled with an MCE shall be enrolled with the same MCE. Newborn infants, whose mothers are enrolled with an EMCP, will be enrolled with the EMCP or MCE of the mother's choice.
- c) Hospitalized Eligible Enrollees residing in Closed Contracting Areas shall be provided a description of MediPlan Plus, a list of choices, and a selection form after discharge from the hospital to the home or into a non-hospital institution.

Section 142.390 Disenrollment and Change of Provider

- a) Enrollees shall remain enrolled with their MCE or EMCP as long as they continue to meet the requirements of an Eligible Enrollee unless they change their MediPlan Plus Provider pursuant to subsection (c) or (d) of this Section, or are disenrolled under subsection (b), (e) or (f) of this Section.
- b) An Enrollee shall be disenrolled from the MCE or EMCP when the Enrollee no longer meets the definition of Eligible Enrollee in Section 142.110 or becomes ineligible under MediPlan Plus, as set forth in Section 142.300.
- c) Enrollees shall be given an opportunity to change their MCE or EMCP without cause at least once every 12 months. If the Enrollee resides in a Closed Contracting Area without MCCN services available, they shall be given an opportunity to change without cause once every six months.
- d) Enrollees may change their MCE or EMCP at any time for cause. Cause may exist in any of the following circumstances:
 - 1) The Enrollee moves out of the Contracting Area served by the MCE or EMCP.
 - 2) The MCE or EMCP no longer serves the Contracting Area in which the Enrollee resides.
 - 3) The Enrollee establishes a reasonable justification, as determined by the Department, for changing the MCE or EMCP.
 - 4) The Enrollee comes under the legal custody or guardianship of the DCFS.
 - 5) Fraud or other misrepresentation by the MCE or EMCP as determined

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- by the Department.
- 6) The MCE or EMCP becomes bankrupt or insolvent.
 - 7) The Enrollee is homeless.
 - 8) In the case of EMCPs only, the Enrollee has elected hospice.
- e) An MCE or EMCP may request disenrollment of an Enrollee subject to Department approval for good cause shown. Good cause may include, but is not limited to:
- 1) Fraud or other misrepresentation by the Enrollee.
 - 2) Threats or harmful physical acts to the Provider or the Provider's staff constituting assault or battery.
 - 3) Theft of property from the Provider's site, or destruction of Provider property.
 - 4) In the case of EMCPs only, Enrollee non-compliance with medical instructions or chronic patterns of missed appointments.
 - 5) In the case of EMCPs only, the Enrollee would be better served by another EMCP.
 - 6) In the case of EMCPs that are CPACs or MCEs that meet the provisions of 305 ILCS 5/5-16.3(1):
 - A) An Enrollee reaches age 19, or
 - B) An Enrollee is determined to no longer have a chronic or acute condition of childhood that satisfies the requirements of Section 142.370.
 - 7) In the case of MCEs only, excluding MCEs which satisfy the provisions of 305 ILCS 5/5-16.3(1), a child is determined to have a chronic or acute condition of childhood that satisfies the requirements of Section 142.370.
 - 8) In no case will a request for disenrollment based on a pre-existing condition, as determined by the Department, be approved.
 - f) In the case of an Enrollee who no longer meets the criteria specified in Section 142.370 and who is enrolled with an EMCP that is a CPACC or an MCE that meets the provisions of 305 ILCS 5/5-16.3(1), the Enrollee shall be disenrolled.
 - g) Prior to a disenrollment pursuant to subsections (e)(1) through (e)(6) and (f), the Enrollee will be sent a notice by the Department and will be permitted to make a new choice of MediPlan Plus Providers.
 - h) Disenrollments under subsections (d), (e)(1) through (e)(6) and (f) shall only become effective when the Eligible Enrollee has chosen or been assigned to a different EMCP or MCE.
 - i) Disenrollments occurring under subsection (e)(7) shall only become effective when the Enrollee has chosen or been assigned to an EMCP or MCE satisfying the provision of 305 ILCS 5/5-16.3(1). For newborns, such disenrollment shall take place no earlier than the child's 91st day of life.
 - j) The effective date for disenrollments shall be the first day of the month after the disenrollment is effectuated by the Department.
 - k) All disenrollments must be documented fully in the Enrollee medical file.

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- 1) The MCE shall request disenrollment of an Enrollee effective upon the 101st day of residence in a nursing facility.

SUBPART D: MANAGED CARE ENTITY COVERED SERVICES, EXCLUDED SERVICES AND BENEFIT EXPLANATION REQUIREMENTS

Section 142.400 Services Provided by a Managed Care Entity

- a) Except for services excluded in Section 142.450 and subject to the limitations in 89 Ill. Adm. Code 140, MCE services shall include the following services, when medically necessary:
 - 1) Inpatient hospital services including dental hospitalization.
 - 2) Outpatient hospital services.
 - 3) Laboratory and x-ray services. The drawing of blood for lead screening shall take place within the MCE's facilities or elsewhere at the MCE's expense; specimens shall be examined by the Illinois Department of Public Health Laboratory.
 - 4) Long term care. The MCE shall be responsible for covering a maximum of 100 days of nursing facility care per episode per Enrollee. Enrollees residing in a nursing facility for more than 100 days shall be disenrolled by the MCE.
 - 5) Physician services.
 - 6) Home health care services.
 - 7) Certified hospice care.
 - 8) Private duty nursing services.
 - 9) Nurse midwife services.
 - 10) Pharmacy services.
 - 11) Orthotic/prosthetic devices.
 - 12) Physical, occupational, speech and language therapies.
 - 13) Transportation to and from source of medical care.
 - 14) Emergency and Urgent Care medical services.
 - 15) Blood and blood components and the administration thereof.
 - 16) Transplant services in accordance with 89 Ill. Adm. Code 148.82.
 - 17) Durable and nondurable medical equipment and supplies.
 - 18) Assistive/augmentative communication devices.
 - 19) Mental health and alcohol and substance abuse services not excluded under Section 142.450.
 - 20) Optical supplies other than eyeglasses.
 - 21) Medical procedures performed by a dentist.
 - 22) Other categories of services as may be specified in the contract.
- b) The following services and benefits shall be included as covered services:
 - 1) Preventive services.
 - 2) Family planning services and supplies, including physical examination and counseling provided during the visit, annual physical examination for family planning purposes, pregnancy testing, voluntary sterilization, insertion or injection of contraceptive drugs or devices, contraceptive drugs and supplies,

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related laboratory and diagnostic tests, testing/screening for and drugs used for the treatment of HIV/AIDS and sexually transmitted infections. If an Enrollee self-refers for family planning services, the MCE must reimburse the Provider using the Department rates.

- 3) Healthy Kids Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services in accordance with 89 Ill. Adm. Code 140.485.

c) Emergency Care

- 1) Emergency Care shall be available on a 24-hour basis, seven days a week.

- 2) Ongoing education shall be provided to Enrollees regarding the appropriate use of Emergency Care.

- d) Prenatal and perinatal services shall meet the standards established in 77 Ill. Adm. Code 640, Regionalized Perinatal Health Care Code.

- e) Services shall be available and accessible with sufficient facilities, service locations, and service sites to provide the services listed in subsections (a) and (b) of this Section.

- f) The MCE will provide appropriate interpreter services for non-English speaking Enrollees and for Enrollees with hearing impairments.

g) After Hours Services

- 1) An MCE must see that medical professionals are made available, either in person or by telephone, to triage an Enrollee's request for care and to direct the Enrollee to an appropriate source of Emergency Care, Urgent Care, or routine care, as required. The MCE must meet the requirements of Public Act 89-673.

- 2) An Enrollee who presents a medical complaint in person shall be triaged in a timely manner.

- 3) Telephone calls shall be returned within a reasonable period of time.

- 4) A record of after hours care, after hours telephone calls, and after hours services rendered and denied shall be maintained and made available to the Department upon request.

- h) Services not enumerated in subsections (a) through (c) of this Section, but listed in 89 Ill. Adm. Code 140, shall be available to the Enrollee through the Department in accordance with 89 Ill. Adm. Code 140.

i) Enrollee Outreach and Education Services

- 1) An MCE shall establish and maintain an ongoing program of outreach and education for Enrollees concerning appropriate health care practices, the contributions they can make to the maintenance of their own health, and their rights as Enrollees of the Plan. The program shall be subject to prior approval by the Department and shall include, but not be limited to:

- A) Information on how to use the Plan, including written disclosure of:
 - i) treatment policies,
 - ii) any restrictions or limitations on health services,

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including, but not limited to, physical services, clinical laboratory tests, hospital and surgical procedures, prescription drugs and biologics, and radiological examinations,

- iii) availability of program services not provided by the MCE,

- iv) choice of site and health care Providers,

- v) grievance procedures, including the Enrollee's responsibilities during the grievance process,

- vi) availability of Emergency Care in and out of the MCE's Contracting Area, and

- vii) disenrollment and change of Provider procedures as set forth in Section 142.390.

- B) Information on preventive care, including the need for and benefits of childhood vaccinations, immunization services, health screenings and physical examinations, including the availability of such examinations to all Enrollees.

- C) Information on health conditions which may affect the general population and specific information for persons who have a specific health condition, including, but not limited to, obesity, smoking, alcoholism, substance abuse and improper nutrition.

- D) Ongoing education to Enrollees regarding the appropriate use of Emergency Care and Urgent Care services.

- E) Educational material in the form of printed, audio, visual or personal communication.

- F) Information clearly written in English and Spanish.

- G) Appropriate accommodations for vision and hearing impaired Enrollees.

- H) The appointment of a person to be responsible for the coordination and implementation of the educational program.

- 2) The MCE shall review the health education program, at reasonable intervals, for the purpose of making improvements thereto.

- 3) Upon request by the Department, the MCE shall provide information and reports of the status of its approved health education program.

Section 142.450 Managed Care Entity Service Exclusion Provisions

a) Introduction

As mandated by Public Act 88-554, certain services and persons under MediPlan Plus shall be excluded from capitation contracts. Services specified and defined in this Section shall be reimbursed under other applicable administrative rules.

b) Behavioral Health Services

- 1) Subacute alcohol and substance abuse treatment services as defined in the State Medicaid Plan and in 77 Ill. Adm. Code 2090, funded by the Department and the Department of Alcoholism and

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Substance Abuse, excluding acute medical detoxification. Acute medical detoxification requires a justifiable hospital admission for a medical condition, to which the detoxification services are incidental.

- 2) Mental health services provided and funded by the Department as described below:

A) Inpatient hospital and physician services associated with admissions with ICD-9-CM primary diagnosis codes 295 through 302, 306 through 309, or 311 through 319, provided at hospitals.

B) Outpatient psychiatric services which are necessary to treat diagnosed conditions described in Section 142.460 B of this Part provided at hospitals or clinics enrolled with the Department to provide category of service 27 or 28.

C) Physician services, laboratory procedures and transportation services which are necessary to treat diagnosed conditions described in Section 142.460 B.

D) Prescription drugs containing clozapine and risperidone.

E) The following prescription drugs when prescribed for the treatment of the diagnosed conditions described in Section 142.460 B:

- i) Antipsychotics
- ii) Antidepressives
- iii) Anticonvulsants
- iv) Anxiolytics
- v) Sedative hypnotics
- vi) Beta-blockers
- vii) Clonidine

- 3) Mental health services through or funded by the Department of Mental Health and Developmental Disabilities and the Department of Children and Family Services:

A) Outpatient mental health services under the provisions of 89 Ill. Adm. Code 132, including targeted case management.

B) Mental health specialty services which are necessary to treat diagnosed conditions described in Section 142.460 B.

c) Other Services

1) Inpatient and outpatient services provided to children at a hospital, as described in 89 Ill. Adm. Code 149.50(c)(3) in accordance with Section 142.460.

2) Physical rehabilitation services provided at hospitals and units of hospitals enrolled with the Department to provide such services (categories of service 22 and 29), in accordance with Section 142.460.

3) Early intervention services, including case management, provided pursuant to the Early Intervention Services System Act [325 ILCS 20].

4) Services provided through school-based clinics.

5) Services provided through local education agencies that

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participate in the Special Education Medicaid Matching Fund Program.

6) Dental services as described in 89 Ill. Adm. Code 140.420 and 140.421.

7) Optometric services and supplies as described in 89 Ill. Adm. Code 140.416 and 140.417.

8) Long term care for individuals who were not eligible for Medical Assistance prior to the first day residing in a long term care facility.

9) Long term care excluding the first 100 days of care for individuals who were eligible for Medical Assistance prior to the first day residing in a long term care facility.

10) Blood lead screening laboratory services as provided by the Illinois Department of Public Health and epidemiological surveys (HCPSC v7401) performed by local health departments.

11) Services provided under Section 1915(c) home-and-community-based waivers.

12) Services provided by an FQHC in the instance where at the time of enrollment the Enrollee did not have a choice allowing access to FQHC services.

d) Manner of Service Provision

1) The MCE is not obligated to provide for the non-covered services specified in this Section.

2) Enrollees who require services available through Medical Assistance, but not covered by Medicaid Plus, may receive those services through the Medical Assistance program.

3) Upon the MCE determining that an Enrollee requires any of the excluded services identified in Section 142.450, the MCE shall notify the MPRA.

4) The MCE will continue to be responsible for the covered services listed in Section 142.400.

e) Pursuant to the provisions of 305 ILCS 5/5-16.3(r) the Department may waive certain provisions of this Section.

Section 142.460 Managed Care Entity Referral Provision

a) The MCE's Providers shall determine the need for the excluded services or specialized Providers described in Section 142.450 and the MCE shall refer Enrollees. Such referrals shall be made in accordance with administrative rules or written policies of the respective State Agencies governing those services or Providers.

b) Authorization for Payment for Certain Referrals

1) Reimbursement to Providers described in Section 142.450(c)(1) through (c)(2) shall be made only under the following conditions:

A) The source of payment was not considered as a reason for the referral.

B) The referring Provider attests that referral was medically necessary.

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- C) The referral was recorded and sent to the Department pursuant to Section 142.275.
- D) The referral does not violate the Illinois Healthcare Worker Self-Referral Act [225 ILCS 47] or the federal Medicare/Medicaid Anti-kickback Statute (42 USC 1320a-7b(B)).
- 2) Any payment claim for services to referred Enrollees described under this Section may be reviewed by the Department or its designee for necessity and appropriateness of care prior to payment.
- 3) If the referral was made inappropriately by the MCE, the MCE shall be responsible for paying the Provider for the services rendered.
- c) The Department will pay for services for Enrollees only if authorization has been received from the MPRA.

SUBPART E: RATES AND PAYMENT SCHEDULES

Section 142.500 Rate Determination for Enrolled Managed Care Providers

- a) Enrolled Managed Care Providers (EMCPs)
- 1) Physicians
Physicians enrolled with the Department to participate in MediPlan Plus as EMCPs shall be paid for covered services on a fee-for-service basis under the Department's fee-for-service rates paid to physicians, in accordance with 89 Ill. Adm. Code 140.400.
 - 2) Federally Qualified Health Centers (FQHCs)
Payment to FQHCs for covered services shall be at the Department's approved rate established for each center in accordance with 89 Ill. Adm. Code 140.463(c).
 - 3) Rural Health Clinics (RHCs)
Payment to RHCs for covered services shall be at the Medicare approved rate in accordance with 89 Ill. Adm. Code 140.466.
 - 4) Certified Pediatric Ambulatory Care Centers (CPACCs)
Payment to CPACCs for covered services shall be at the Department's approved rate in accordance with 89 Ill. Adm. Code 140.463(a).
- b) Patient Management Fee
EMCPs will receive a monthly patient management fee for each Enrollee. The total patient management fees for EMCPs may not exceed 1,500 Enrollees multiplied by the monthly patient management fee, unless the EMCP establishes to the satisfaction of the Department that an exception is justified.
- c) Payment Structure
- 1) The fee-for-service rates, as described in subsections (a)(1) through (a)(4) of this Section, shall be authorized for payment on a per claim basis subject to Department rules governing claims

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- 2) submission by Providers.
- 2) EMCPs shall be reimbursed according to 89 Ill. Adm. Code 140.400(b) for covered services rendered to their Enrollees. Identical services rendered to Enrollees by fee-for-service Providers not enrolled in MediPlan Plus also shall be reimbursed according to 89 Ill. Adm. Code 140.400(b) provided those services have been authorized in accordance with this Part 142.

Section 142.502 Rate Determination for Health Maintenance Organizations and Managed Care Community Networks

- a) Risk Based Capitated Payments
- 1) Capitated payment rates paid to HMOs or MCCNs under MediPlan Plus shall be set forth in the contract between the HMO or MCCN and the Department. Contractually set rates shall be negotiated with HMOs and MCCNs and may not exceed the limitations established under this Section, including any adjustments described in subsection (d) of this Section.
 - 2) The capitated rates, after any appropriate adjustment under subsection (d) of this Section, shall be considered the complete and final rates paid to HMOs or MCCNs for all services provided under MediPlan Plus.
 - 3) The capitated reimbursement rates paid by the Department will be actuarially sound, as determined by an actuary who is an associate or a fellow of the Society of Actuaries or a member of the American Academy of Actuaries and who has expertise and experience in medical insurance and benefit programs, in accordance with the Department's current fee-for-service payment system, and take into account any difference of cost to provide health care to different populations based on gender, age, location, and eligibility category [305 ILCS 5/5-16.3(g)] and may take into account diagnoses and cost thresholds.
 - 4) Under authority granted in 305 ILCS 5/5-16.3(g) and (1), and as described in subsection (d) of this Section, the Department shall ensure that the capitated payments made to HMOs or MCCNs are adjusted to avoid providing any financial incentive to an HMO or MCCN to refer, above normally expected referral levels, Enrollees of the Plan to:
 - A) A county provider, as defined in 305 ILCS 5/15(a-5), as a provider type; and
 - B) Excluded children's hospital services, as defined in Section 142.450(c)(1); and
 - C) Excluded physical rehabilitation services, as defined in Section 142.450(c)(2).
 - 5) To prevent over-payments to HMOs and MCCNs that could occur through the referrals for services described in subsection (a)(4) of this Section, the Department will adjust negotiated capitation rates to an individual HMO or MCCN to the extent that

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utilization for such services exceeds the utilization profiles established under subsection (c).

- 6) The Department will adjust the negotiated capitation rates to an individual HMO or MCCN to the extent that services are rendered to Enrollees through local health departments, unless the HMO or MCCN has a subcontract, as described in Section 142.200(b)(11), with the local health department covering the services.

b) Maximum Capitation Rates

- 1) The Department shall annually establish maximum capitation rates using a per member per month basis for each rate cell established under MediPlan Plus. The maximum capitation rates will be based on:

- A) an actuarially sound basis of the Department's fee-for-service payment system for the MediPlan Plus population and services, less:
 - i) any institutional add-on payment that is made directly to an institutional provider by the Department,
 - ii) any payments made for services and providers as defined under subsection (a)(4) of this Section, and
 - iii) any payments for services excluded under Section 142.450.

- 2) Per member per month rate maxima will be based on the following:

- A) For the first program year of MediPlan Plus, the per member per month rate maxima will be based on MediPlan Plus eligible services with dates of service occurring during State Fiscal Year 1995, less payment exclusions under subsection (b)(1)(A), trended forward by a factor determined by the Department.

- B) For each subsequent program year of MediPlan Plus, the per member per month rate maxima will be based on MediPlan Plus services provided during the State's fiscal year used for the determination of the previous program year, less payment exclusions under subsection (b)(1)(A), trended forward by a factor determined by the Department.

c) Utilization Profiles

- 1) For the first MediPlan Plus program year, the Department will develop a utilization profile for each rate cell that determines the number and type of medical procedures described in subsection (a)(4) that had a date of service occurring in State Fiscal Year 1995.

- 2) For each subsequent MediPlan Plus program year, the Department will develop a utilization profile for each rate cell that determines the number and type of medical procedures described in subsection (a)(4) that had a date of service occurring during each subsequent 12 month period following State Fiscal Year 1995.

d) Adjustments to Individual HMO and MCCN Contracts

- 1) For the purpose of this subsection (d), "Service Delivery Year" means the 12 month period beginning with the effective date of

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coverage of the first Enrollee under an HMO or MCCN contract and any consecutive 12 month period for the duration of the contract.

- 2) Following the conclusion of each Service Delivery Year of a contract, the Department will measure the utilization of Enrollees with each HMO and MCCN by rate cell. For each HMO and MCCN, the Department will measure the extent to which the utilization of services described in subsection (a)(4) exceeds the utilization profile as determined in subsections (c)(1) or (2) for the Service Delivery Year being measured. If the Department determines that an HMO or MCCN exceeds the utilization profile, the Department will:

- A) For those HMOs and MCCNs that continue to participate in MediPlan Plus, adjust the HMO's or MCCN's per member per month rate. The adjustment to the per member per month rate will occur during the last six months of the HMO's or MCCN's current Service Delivery Year and will be in an amount equal to the total value of the deviation from the utilization profile determined in subsections (c)(1) or (2).

- B) For those HMOs and MCCNs that do not continue to participate in MediPlan Plus, the Department will bill the HMO or MCCN in an amount equal to the total value of the deviation from the utilization profile determined in subsection (c)(1) or (2). If the HMO or MCCN does not pay the Department within 60 days after the billing, the amount, plus a sanction equal to 25 percent of that amount, will be treated as an unsatisfied Statutory Payment Obligation to an Unrelated Provider and shall be recouped from the HMO's trust as defined in Section 142.230(b)(2)(A)(iv), or in the case of an MCCN, recouped from the MCCN's provider trust, as described in Section 142.220(b)(4)(A)(iv).

Section 142.505 Rate-Setting Regions

- a) Under Illinois Public Aid Code [305 ILCS 5/5-16.3(g)], the Department must take into account any difference of cost to provide health care to different populations based, in part, on location, in determining capitated reimbursement rates for MCEs.

- 1) The Department has divided the State into five rate-setting regions.
- 2) Under Section 142.502, the Department also uses these rate-setting regions in determining capitated rate adjustment payments for MCEs.

- b) The five rate-setting regions are as follows:

- 1) Northwestern Illinois (Rate-Setting region I) is comprised of the following counties: Boone, Bureau, Carroll, DeKalb, Fulton, Henderson, Henry, Jo Daviess, Knox, LaSalle, Lee, Marshall, Mercer, Ogle, Peoria, Putnam, Rock Island, Stark, Stephenson, Tazewell, Warren, Whiteside, Winnebago and Woodford.

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- 2) Central Illinois (Rate-Setting region II) is comprised of the following counties: Adams, Brown, Calhoun, Cass, Champaign, Christian, Clark, Coles, Cumberland, Dewitt, Douglas, Edgar, Ford, Greene, Hancock, Iroquois, Jersey, Livingston, Logan, Macon, Macoupin, Mason, McDonough, McLean, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Sangamon, Schuyler, Scott, Shelby and Vermilion.
- 3) Southern Illinois (Rate-Setting region III) is comprised of the following counties: Alexander, Bond, Clay, Clinton, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Madison, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Richland, Saline, St. Clair, Union, Wabash, Washington, Wayne, White and Williamson.
- 4) Cook County (Rate-Setting region IV) is the County of Cook, less the far northwest Cook County zip code areas 60010, 60103, 60107, 60118 and 60123.
- 5) Collar Counties (Rate-Setting region V) is comprised of the following counties: DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry and Will. The following zip code areas within the far northwest portion of Cook County are also included: 60010, 60103, 60107, 60118 and 60123.

Section 142.510 Emergency Care Payments by a Managed Care Entity

- a) An MCE shall reimburse out-of-plan Providers for Emergency Care at the Department's rates in effect on the date of service.
- b) If an Enrollee of an MCE presents for care at an out-of-plan hospital emergency department and receives care that is not Emergency Care, at a minimum the MCE shall reimburse the hospital for an emergency room screening. Such reimbursement shall be equal to the Department's payment for procedure 99282 of the Physician's Current Procedural Terminology (CPT), fourth edition. An emergency room screening fee shall be paid only in those instances where no other payment is made.
- c) At its discretion, an MCE may authorize and reimburse out-of-plan Providers for care provided in hospital emergency departments at rates greater than those stipulated in subsection (b) of this Section.

Section 142.530 Managed Care Entity Contract Negotiation Process

Pursuant to Public Act 88-554, the Department shall negotiate and enter into contracts with MCEs for the provision of medical care to Eligible Enrollees. The agent who has authority to bind the prospective contractor must be present at the second and any subsequent negotiating sessions. Except as explicitly agreed to in writing by the Department and a prospective contractor, the contents of all meetings and communications in the course of negotiating and arriving at terms of a contract shall be strictly privileged and confidential. In the event that documents, minutes, data communications or other similar

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material and information held by a party to negotiations or to a contract are sought by a third party through administrative process, court order or other similar administrative or judicial mechanisms, the party subject to such attempt shall immediately notify the other party and allow the other party to contest such attempt jointly or of its own accord.

Section 142.532 County Provider Provisions

A provider owned or operated by an Illinois county with a population greater than three million:

- a) May form a County MCCN without establishing a separate corporate entity, provided that the obligations of the MCCN are an obligation of or guaranteed by the county.
- b) May be considered a County MCCN under this Part 142 only to the extent of the provision of services to Enrollees in conjunction with MediPlan Plus.
- c) May participate as a County HMO, provided it meets the requirements of the Health Maintenance Organization Act [215 ILCS 125] including rules promulgated by the Illinois Department of Insurance (50 Ill. Adm. Code 6101) and the Illinois Department of Public Health (77 Ill. Adm. Code 240).
- d) Shall be entitled to contract with the Department with respect to any contracting region (area) located in whole or in part within the geographic boundaries of that county [305 ILCS 5/5-16.3(a)].
- e) Shall not be required to accept Enrollees who do not reside within the geographic boundaries of that county.
- f) Shall be exempt from the Net Worth requirements under Sections 142.220 and 142.230.

Section 142.538 Reporting Requirements

- a) Access to Records
Each MCE shall, during the life of its MediPlan Plus contract as described in Section 142.200(b)(1), or any renewal of the contract, and for five years thereafter, provide the Department and any other State or federal entity access to and the right to examine any pertinent books, documents, papers and records of the MCE involving any and all transactions related to the performance of the contract. In addition, the MCE will furnish all information necessary for the Department to comply with all State and federal regulations.
- b) Reporting Requirements of an MCE
1) Each MCE shall make reports to the Department concerning activity under MediPlan Plus.
A) Such reports shall encompass information concerning, but not limited to, financial status, income and expenses, timeliness of payments, Provider network, services delivered and denied, out-of-plan services paid and denied, Enrollee characteristics, Marketing activity, Enrollee and Provider

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grievance activity, quality assurance and utilization review activity, health outcomes and Enrollee and Provider termination.

- B) The format, data elements and schedule for such reports shall be determined by the Department.
- C) Reports may be periodic or ad hoc, as determined by the Department.
- D) Reports shall be submitted in hard copy or electronically as determined by the Department.

- 2) Each MCE shall, on a monthly basis, transmit electronically in a medium and format specified by the Department the following:

- A) Claim level detail data on all health care encounters and services provided and reimbursed by the MCE or its contractors.
- B) Data on Enrollees for whom no medical services were provided during the month.
- 3) The Department shall monitor the MCE's compliance with the terms of the contract and may request information sufficient to determine compliance. If the MCE fails to comply with the request of the Department, the Department may impose sanctions, pursuant to Section 142.800.
- 4) Failure to provide requested periodic reports will result in the MCE paying any costs incurred to obtain such information.
- 5) The MCE shall report, to the Department, Health Plan Employer Data and Information Sets (HEDIS) as established by the National Committee on Quality Assurance, as specified by the Department.

Section 142.560 Expedited Payments to Managed Care Community Networks

- a) In an Illinois county with a population of three million or more, an MCE shall, upon written request, receive Expedited Payment, as described in subsection (c) of this Section, of its capitated reimbursement for each of its Enrollees if both of the following criteria are met:

- 1) At least 75 percent of its ownership is composed of hospitals that are qualified as disproportionate share hospitals on or after July 1, 1994.
- 2) At least 75 percent of its Enrollees that have required health care services have received the necessary services at the disproportionate share hospitals or those hospitals' affiliated sites.
- b) In Illinois counties with a population of less than three million an MCE shall, upon written request, receive Expedited Payment of its capitated reimbursement for each of its Enrollees if the requirements of 89 Ill. Adm. Code 140.71(b) are met, and:
- 1) At least 20 percent of its membership is composed of hospitals that are qualified as disproportionate share hospitals on or after July 1, 1994, or

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- 2) At least 35 percent of its Enrollees receive services at the disproportionate share hospitals or those hospitals' affiliated sites.
- c) For the purpose of this Section, "Expedited Payments" means payments issued within the same calendar month as the service month.

SUBPART F: QUALITY ASSURANCE**Section 142.700 Quality Assurance; Duties of the Managed Care Entity**

- a) Quality assurance is designed to provide Managed Care Entities (MCEs) with the flexibility to manage quality assurance programs (QAPs) in a way that suits their needs and those of their Enrollees.

- 1) This function shall include, but not be limited to the following requirements:

- A) Each MCE shall have an ongoing QAP and will be held to a community standard of quality. All services provided or arranged by an MCE will be in accordance with community standards.
- B) Each MCE must be able to demonstrate that its QAP satisfies any and all applicable State and federal statutory, regulatory, and administrative requirements that address quality of care oversight in Medicaid managed care, including but not limited to 42 CFR 417.106.
- C) Each MCE shall be required to adhere to any new quality assurance requirements that result from statutory, regulatory or administrative changes at the federal or State levels.
- D) Each MCE shall have a written description of its QAP. This description shall meet federal and State requirements regarding goals and objectives, scope, methodology, activities, Provider review, focus on health outcomes and the system process of quality assessment and improvement.
- E) Each MCE's governing body shall be accountable for the QAP.
- F) Each MCE shall remain responsible for the QAP, even if certain functions are delegated.
- 2) Each QAP shall delineate an identifiable structure/committee responsible for overseeing the performance of quality assurance functions.
 - A) The role, structure and function of the oversight committee shall be specified, and records maintained documenting the activities.
 - B) The committee shall, at a minimum, meet quarterly, based on the State fiscal year, to oversee the QAP activities. This committee shall be accountable to the MCE's governing body.
 - C) MCEs shall designate a senior executive responsible for QAP implementation. For purposes of this Section, senior executive is defined as a physician licensed in Illinois to

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practice medicine in all its branches.

- D) There shall be representation in the quality assurance committee from plan providers, including at least one physician licensed to practice medicine in all its branches, participating as an MCE provider.

- E) There shall be a defined structure for assuring that MCE management activities are coordinated with other activities, including but not limited to quality assurance activities.

- 3) Each MCE must also have a written procedure for referring cases of fraud and abuse to either the Office of the Inspector General of the Department or the Illinois Medicaid Fraud Control Unit of the Illinois State Police.

- b) Quality Assurance Activities. Each MCE shall have a written plan to assess the degree to which individual Enrollees are able to obtain needed services from the medical care system, monitor utilization of that health care, and develop a standard set of access requirements.

- 1) The access to care requirements shall include, but not be limited to the following:

- A) Informing Enrollees about the availability of specific services and health care providers;
 - B) Informing Enrollees on how to access needed health care services;
 - C) Assessing the geographical needs of their Enrollees in assuring access to providers, appropriate hours of operation, availability of public transportation, and maximum waiting periods for scheduled appointments;
 - D) Evaluating the extent to which Care Coordinating Providers track, coordinate and monitor certain preventive and primary care services such as, but not limited to, immunizations and Early and Periodic, Screening, Diagnosis and Treatment services;
 - E) Ensuring that Enrollee informational and educational materials are translated into other languages, and that access to interpreters is available upon request;
 - F) Assuring access and referral to specialists based on the anticipated needs of the population served;
 - G) Providing procedures for scheduling Enrollee appointments;
 - H) Providing procedures for triage of walk-in Enrollees with non-urgent medical needs;
 - I) Providing procedures for following up on failed appointments, including rescheduling of appointments as medically necessary, and documentation in the Enrollee record of broken appointments and recall efforts; and
 - J) Providing a defined process for problem resolution, disenrollment, voicing complaints, and recommending changes in policies and services.
- 2) Membership Service Assurance. Each MCE shall have an Enrollee orientation plan to assure that every Enrollee understands the

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benefits available through the Plan, and how to access care (both in and out of Plan).

- A) MCEs shall provide Enrollees with a written description of benefits at the time of enrollment, updated no less than annually. This written description at a minimum shall include:

- i) Rights and responsibilities of Enrollees, including that Enrollees shall not be subject to discrimination because of their Medical Assistance status;

- ii) Benefits and services included and excluded as a condition of enrollment, and how to obtain them;

- iii) Any special benefit provisions that may apply to services obtained outside the Plan, as well as the procedures for after-hours, Urgent Care, and Emergency Care;

- iv) Provisions for after-hours Emergency Care. Information on how to use the Plan, including information on how to obtain Emergency Care services in and out of the Plan's enrollment area;

- v) The MCE's policy on referrals for specialty care;

- vi) Any applicable charges to Enrollees;

- vii) Procedures for notifying those Enrollees affected by the termination or change in any benefits, service, or service delivery office/site;

- viii) Procedures for appealing benefit, clinical or administrative decisions;

- ix) Procedures for selecting and changing designation of Care Coordinating Provider;

- x) Procedures for disenrollment;

- xi) Procedures for filing complaints and/or grievances and for recommending changes in policies and services.

- B) Amendments and revisions shall be submitted to the Illinois Department for approval in writing prior to implementation.

- C) The description must be understandable prose and be available in both English and Spanish and in large print and Braille or audiotape for Enrollees with vision impairments.

- 3) Complaint Log Monitoring. An Enrollee complaint log shall be established and monitored by each MCE to ascertain problems related to quality of service at the individual provider level. The MCE's written plan to log complaints must receive prior approval by the Department, and must, at a minimum, include the following:

- A) Procedures for registering and responding to complaints and grievances in a specified time;
- B) Procedures for recording the substance of the complaints;
- C) A method for monitoring complaints against providers, and coordinating this function with established grievance procedures; and

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- D) A method for tracking minor but regular complaints about specific Providers that may be indicative of problems.
- 4) Provider Credentialing. Credentialing standards and processes shall be established that follow those established by an independent national organization. For this purpose, the standards established by the National Committee for Quality Assurance (NCQA), among others, are acceptable to the Department.
- A) Each MCE shall have a written description of its credentialing process.

B) Each MCE shall document its adherence to these standards. An MCE shall satisfy this requirement if credentialing responsibility is delegated to another organization that satisfies the standards.

C) Termination for cause must go to the MCE's quality assurance committee for review. The written results of this review shall be provided to the Department.

D) Each MCE shall have, as part of its medical management program, a formulary policy that is adhered to and monitored for effectiveness.

E) Each MCE shall have a written plan in place that details how Provider profiling shall be accomplished.

5) Health Education and Prevention

A) Health Education. The MCE shall establish and maintain an ongoing health education program which shall advise Enrollees concerning appropriate health care practices and the contributions they can make to the maintenance of their own health. The program shall provide, at a minimum, the following:

- i) Information on preventive care, including the value and need for screening and preventive maintenance;
- ii) Information on any health conditions or diseases which may affect the general population and specific information for persons who have a specific health condition or disease, including but not limited to obesity, smoking, alcoholism, substance abuse and improper nutrition;
- iii) Educational material in the form of printed, audio, visual or personal communication;
- iv) Information in English and Spanish and in large print and Braille or audiotape for Enrollees with vision and auditory impairments; and
- v) Someone to be responsible for the coordination and implementation of the health education program for Enrollees.

B) Prevention shall include:

- i) Each MCE shall adhere to preventive care guidelines, as established by the Department and statute.
- ii) Each MCE shall have a process for tracking adherence

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to these guidelines as well as reporting results to the Department.

iii) Each MCE shall have a process for identifying additional areas for preventative guidelines based on the specific needs of the population served by the MCE, and a method for implementing and monitoring such practices.

iv) Each MCE shall have a process for ensuring that all Providers understand and adhere to these guidelines.

6) Medical Records. Each MCE shall maintain a medical record system in a manner that is current, detailed, organized and permits effective patient care and quality review. This medical record system shall also satisfy the State's needs for information.

A) The MCE shall maintain information by Enrollee which documents care delivered during and after normal business hours, as well as ancillary services provided.

B) The MCE shall have written procedures for assuring that medical records requirements are satisfied.

C) A written procedure shall be in place that describes how Enrollee information is kept confidential.

D) The medical record shall include Enrollee identification and provider identification. All entries must be legible, dated, and the medical record must include all items identified in Section 142.205.

7) Focused Medical Studies. MCEs shall conduct detailed investigations of certain aspects of health care services which are designed to answer defined questions about the quality and appropriateness of care, and suggest ways that care can be improved (for example, pregnancy, asthma, immunizations). These studies may be conducted through the review of medical records, by reviewing claims or other administrative data, by conducting special surveys, or other mechanisms conducted by the MCE with approval by the Department. Focused medical studies shall have the following components:

- A) A clearly defined study question which focuses on relevant areas of concern in health care.
 - B) Well defined clinical indicators to be monitored and evaluated to help answer the question.
 - C) A standard or standards against which the MCE compares itself.
 - D) A method for analyzing the results to indicate ways in which the MCE can improve the care it delivers to Enrollees.
- 8) Peer Review. Each MCE shall have in place a peer review committee responsible for reviewing data and making recommendations for changes when problems are identified. The committee membership shall include physicians licensed to practice medicine in all its branches. The duties of the committee shall include, but not be limited to, the maintenance

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of detailed records of all reviews and actions taken. The committee shall provide these records to the Department upon request.

- A) The peer review program shall evaluate the process by which care is given by all Plan Providers and any contract Providers, as well as outcomes of that care.
- B) The peer review process shall be based on scientific principles governing research design and statistical analyses. In addition, the focus of the reviews shall be on health care services and their delivery.
- C) The purpose of the review function is to:
 - i) provide the Department with an assessment of the quality of health care delivered to Enrollees;
 - ii) resolve identified problems in health care and contribute to improving the care of all Enrollees in an MCE;
 - iii) define a procedure for education or disciplinary action to correct errors or change Provider behavior; and
 - iv) define a procedure for reviewing the peer review process on at least an annual basis or more frequently if needed.

- 9) Utilization. Each MCE shall have in place a written utilization management program description which includes, at a minimum, procedures to evaluate medical necessity, criteria used, information sources, and the process used to review and approve the provision of medical services. Providers shall be provided the utilization review criteria and information sources upon request to the MCE.

- A) Each MCE shall have a utilization review committee to review data gathered on the appropriateness and quality of care. The committee must make recommendations for changes when problem areas are identified.
- B) MCEs shall, at a minimum, comply with the utilization control provisions of 42 CFR Part 456.
- C) MCEs shall monitor the types and numbers of physicians who serve as Care Coordinating Providers; the maximum number of Enrollees per Care Coordinating Provider; and utilization profiles of Care Coordinating Providers.

- 10) Information Management. Each MCE shall have in place a detailed plan for information management, and the ability to track and report results to the Department upon request. The program must have mechanisms to determine under-utilization as well as over-utilization. The MCE is required to provide claim level detail data of all health care encounters and services provided or reimbursed by the Plan, including health care encounters and services provided by subcontracted Providers and approved out-of-Plan health care encounters and services. All data shall

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be provided monthly via an electronic medium and format specified by the Department. These data shall be received within 60 days after the last day of the month that the service was provided.

- 11) Resource Management
 - A) The resource management component of the quality assurance function is designed to encourage the appropriate provision and utilization of care in a continuous quality improvement environment.
 - B) Each MCE shall have in place the ability to track and report encounter data by each Provider, including hospital days, prescription drugs, referrals and ancillary services.
 - C) Each MCE shall have a process for analyzing the data described in subsection (b)(11)(B) to assess the overall efficiency of the MCE and for making changes accordingly.
 - D) Each MCE shall have a written plan in place that details how provider profiling shall be accomplished. The written plan must include a provision for identifying problems by individual physician as well as aggregated information on clinical problems (for example, over-utilization/prescription of certain drugs or procedures).

Section 142.710 Avoidance of Conflict of Interest

In the conduct of quality assurance activities pursuant to Section 142.700, no individual shall participate in a medical quality assurance review when such individual has one or more of the following:

- a) Admitting or clinical privileges with the Provider that is being reviewed; or
- b) A fiduciary relationship with the Provider that is being reviewed; or
- c) An established referral pattern to the Provider that is being reviewed; or
- d) A contract with the subject Provider, or is in the process of negotiating a contract for services with the Provider that is being reviewed; or
- e) Any other relationship with the Provider that is being reviewed that might reasonably affect the objectivity of the reviewer; or
- f) Any economic relationship with the Provider being reviewed.

Section 142.720 Enrollee Grievance and Appeals Process

- a) Every MCE shall submit for the Department's approval, and thereafter maintain, a grievance procedure for the resolution of Enrollee grievances concerning the provision of health care services or other matters concerning operation of the MCE. Each MCE shall:
 - 1) Submit to the Department for prior approval any proposed changes to the grievance procedure by which Enrollee grievances shall be filed and reviewed;

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- 2) Maintain records of each grievance filed with the MCE until the grievance is resolved, and maintain for a period of at least five years the following:
 - A) A copy of the grievance and the date of its filing,
 - B) The date and outcome of all consultations, hearings and hearing findings,
 - C) The date and decisions of any appeal proceedings, and
 - D) The date, proceedings and decisions of any litigation.

- b) Every MCE shall have a grievance committee with at least 50 percent representation by members. It shall have the authority to hear, resolve, or, as appropriate, refer to its QAP, by majority vote, grievances submitted to it as provided in subsection (a) above. A representative of the Department may attend and observe grievance committee meetings.
 - 1) The grievance committee shall upon identifying any grievance which alleges or indicates quality issues or possible professional liability, commonly known as "medical malpractice", refer the grievance to the peer review committee.
 - 2) The committee is not empowered to resolve or take action on any grievances which are in conflict with written policies of the MCE's governing body, but the committee may hear such grievances for the purpose of providing input to the governing body.
 - 3) The grievance committee shall meet at the main office of the MCE, or such other office designated by the MCE if the main office is not within 50 miles of the grievant's home address. Consideration shall be given to the Enrollee's request pertaining to the time and date of such meeting. The Enrollee shall have the right to be represented by a designated representative of his or her choice. Where the Enrollee chooses to be present and does not speak English or has a hearing impairment, the MCE must provide interpreter services.

- c) The grievance procedures must be fully and clearly communicated to all Enrollees and information concerning such procedures shall be readily available to the Enrollee. A toll-free telephone line and a toll-free TTY telephone line shall be made available as a way to initiate grievances.

- d) Every MCE shall have procedures for resolving grievances informally. Such procedures do not require review of the grievance by the grievance committee, but a log, file, or other similar records must be maintained to identify the general nature of such grievances. Resolution of such grievances shall not preclude the Enrollee's right to a review by the grievance committee.

- e) The MCE shall institute procedures which would require resolution of grievances within 60 days from the date the grievance is received by the MCE. This period may be extended for 30 days in the event of a delay in obtaining the documents or records necessary for the resolution of the grievance. All requests for documents or records necessary for the resolution of the grievance shall be maintained in

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the MCE's grievance file.

- f) The procedure shall provide for a written acknowledgment of the grievance within ten business days after its receipt by the MCE.
- g) The Enrollee shall be notified at the time of the hearing of the name and affiliation of those grievance committee members who are representatives of the MCE.
- h) The MCE shall institute procedures whereby any documentation furnished to the members of the grievance committee shall also be made available to the Enrollee not less than five days prior to the hearing of his or her grievance. The MCE shall not present any evidence without the Enrollee having been given the opportunity to be present.
- i) Notification in writing of the decision of the grievance committee shall be mailed to the Enrollee within five business days of the decision.
- j) The MCE shall insure that both English and Spanish and large print and braille or audiotape versions of grievance materials are developed, subject to Department approval, and made available to Enrollees.
- k) A monthly complaint and grievance report shall be submitted to the Department in accordance with Section 142.538 of this Part.

Section 142.730 Provider Grievance Procedure

- a) Each MCE shall establish and maintain a grievance procedure to handle subcontractor Provider of health care services complaints, including, but not limited to, disputes concerning reimbursement for services to Enrollees, access to other facilities within the MCE's network, application of utilization review and quality assurance standards by the MCE, and peer review decisions or outcomes. This grievance procedure shall not apply to providers who are employees of the MCE.
- b) Every MCE shall submit this grievance procedure to the Department for approval upon signing of their agreement to furnish managed care services. Each MCE shall:
 - 1) Submit to the Department, in a timely manner, any proposed amendments to their grievance procedure during the term of the agreement for furnishing managed care services.
 - 2) If requested by the Department, state the reasons for the proposed amendments.
 - 3) Acknowledge that any amendment to the grievance procedure shall be subject to approval by the Department prior to implementation.

c) The grievance procedure shall include, but is not limited to, the following requirements:

- 1) A specific location where all complaints shall be submitted by the grievant.
- 2) All grievances must be in writing and shall describe the specific form and content for each grievance.
- 3) A preliminary informal complaint resolution process to allow the provider and MCE to resolve the dispute. This informal procedure should be staffed by one impartial physician licensed to practice

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medicine in all its branches and two representatives of the MCE. If the dispute is not resolved during this informal procedure, the dispute shall move to the formal grievance level.

- 4) A Department representative shall be allowed to attend and observe formal grievance proceedings.
- 5) A formal grievance committee shall be established to hear, resolve, or otherwise render a decision on the dispute. Each grievance committee shall include a physician licensed to practice medicine in all its branches.
- 6) All decisions of the grievance committee shall be made in writing, by the committee, with sufficient reasons to convey to the grievant the basis for the decision. Copies of the decision shall be forwarded to the MCE, the grievant, and the Department. The Department's copy shall have a copy of the original grievance attached to it as well as any other relevant documents considered by the committee in rendering its decision.
- 7) If the decision requires implementation by either the grievant or the MCE, such implementation shall be performed as prescribed under the MCE's rules, regulations, policies, terms of the applicable contract, or within a reasonable period of time.
- d) The grievance procedures must be written and sent to all subcontractor Providers.
- e) A monthly complaint and grievance report shall be submitted to the Department by each MCE's grievance committee.
- f) Grievance procedures established under this provision shall be designed to allow each subcontractor Provider a full and fair opportunity to have their grievance heard.

SUBPART G: SANCTIONS

Section 142.800 Sanctions

- a) The Department shall include, in every contract or agreement with an MCE or EMCP, a section which sets forth sanctions which the Department may impose on the MCE or EMCP for failure to comply with these rules or the terms and conditions of that contract or agreement. These sanctions may include, but are not limited to:
 - 1) Monetary sanctions assessed by the Department against the MCE or EMCP.
 - 2) Freezing enrollment.
 - 3) Liquidated damages.
 - 4) Disenrollment of Enrollees.
 - 5) Withholding all payments or any portion thereof due the MCE or EMCP.
 - 6) Any other sanctions which are deemed appropriate by the Department.
- b) In addition to any sanctions, the Department shall always have the right to terminate the contract or agreement, with or without cause.

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Section 142. TABLE A ICD-9-CM Codes for Chronic and Acute Conditions of Childhood

Category	ICD-9-CM Diagnosis Codes	Diagnostic Description
Infectious Disease	042-044 054.3	HIV infection Herpetic meningoencephalitis
Oncology	140-140.9 150-159.9 160-165.9 170-176.9 179-189.9 190-199.9 200-208.9 211.7 225.0 228.02	Malignant neoplasm of lip, oral cavity and pharynx Malignant neoplasm of digestive organs and peritoneum Malignant neoplasm of respiratory and intrathoracic organs Malignant neoplasm of bone, connective tissue and breast Malignant neoplasm of genitourinary organs Malignant neoplasm of other and unspecified sites Malignant neoplasm of lymphatics and hematopoietic tissue Islet cell tumor Benign neoplasm of brain Hemangioma of intracranial structures
Endocrine	242.9 252.0 252.2 253-253.9 255 & 255.2 258 270 270.1 271 271.1 272 275.4 277.5 277.7	Thyrotoxicosis without mention of goiter or other causes Hyperparathyroidism Hypoparathyroidism Diagnosis of pituitary and hypothalamic Control Disorders of adrenal gland Polyglandular dysfunction and related disorders Disturbances of amino acid transport and metabolism Phenylketonuria Disorders of carbohydrate transport and metabolism Galactosemia Disorders of lipid metabolism Disorders of calcium metabolism Mucopolysaccharidosis Cystic fibrosis

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<u>Category</u>	<u>ICD-9-CM Diagnosis Codes</u>	<u>Diagnostic Description</u>	<u>Category</u>
Hematology	284-284.9 286-286.9 288.0	Aplastic anemia Coagulation defects Agranulocytosis	
Neuro/Psych	299.0 307.1	Infantile autism Anorexia nervosa	
Neurology	324 325 330-330.9 331.4 335 340-341.1 357.1 358.0 359	Intracranial abscess Phlebitis and thrombophlebitis of intracranial venous sinuses Cerebral degenerations usually manifest in childhood Obstructive hydrocephalus Anterior horn cell disease Multiple sclerosis and other demyelinating diagnoses of the central nervous system Polyneuropathy of collagen vascular disease Myasthenia gravis Muscular dystrophies and other myopathies	
Circulatory	393-398 414-414.9 415-415.9 425-425.9 428-428.9 437.5 440	Chronic rheumatic heart disease Other forms of chronic ischemic heart disease Chronic pulmonary heart disease Cardiomyopathy Heart failure Moyamoya disease Aortic aneurysm	
Respiratory	516.3 518.5 518.81	Idiopathic fibrosing alveolitis Pulmonary insufficiency following trauma and surgery Respiratory failure	
Gastroenterology	571	Chronic liver disease	
Nephrology	582 585	Chronic glomerulonephritis Chronic renal failure	
Musculo-Skeletal	710	Diffuse disease of connective tissues (including all collagen disease	

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<u>ICD-9-CM Diagnosis Codes</u>	<u>Diagnostic Description</u>	<u>Category</u>
710.0 722.7 733.8	Systemic lupus erythematosus Intervertebral disc disorder with myelopathy Malunion and nonunion of fracture	
740.1 742.0 745.0 745.1 745.2 745.3 745.6 745.60	Craniorachischisis Encephalocele Common truncus Transposition of great vessels Tetralogy of fallot Common ventricle Endocardial cushion defects Endocardial cushion defect, unspecified type	Congenital Anomalies
745.7 746.01 746.02 746.1	Cor biloculare Pulmonary valve atresia Pulmonary valve stenosis Congenital tricuspid valve atresia and stenosis	
746.2 746.3 746.4	Ebstein's anomaly Congenital stenosis of aortic valve Congenital insufficiency of aortic valve	
746.5 746.6 746.7 746.81 746.84	Congenital mitral stenosis Congenital mitral insufficiency Hypoplastic left heart syndrome Subaortic stenosis	
747.11 747.22 747.3 750.3 752.7	Obstructive anomalies of heart, not elsewhere classified Interruption of aortic arch Atresia and stenosis of aorta Anomalies of pulmonary artery Tracheoesophageal fistula, esophageal atresia and stenosis Indeterminate sex and pseudohermaphroditism	Congenital
806 952 996.8 V42 V46.1	Fracture of vertebral column with spina cord injury Spinal cord injury without evidence of spinal bone injury Complications of transplanted organ Organ or tissue replaced by transplant Other dependence on machines, respirato	Injury and Poisoning

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ICD-9-CM
Diagnosis
Codes

CategoryDiagnostic Description

V codes for follow-up of any of the
above conditions

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Section 142. Table B Mental Illness Diagnoses

DSM-IV
Code

ICD-9-CM
Diagnosis
Codes

Diagnostic Description

293.81	293.81	Psychotic disorder due to medical condition, with delusions
293.82	293.82	Psychotic disorder due to medical condition, with hallucinations
295.00	295.00	Schizophrenia, simple type, unspecified
295.01	295.01	Schizophrenia, simple type, subchronic
295.02	295.02	Schizophrenia, simple type, chronic
295.03	295.03	Schizophrenia, simple type, subchronic with acute exacerbation
295.04	295.04	Schizophrenia, simple type, chronic with acute exacerbation
295.10	295.10	Schizophrenia, disorganized type, unspecified
295.11	295.11	Schizophrenia, disorganized type, subchronic
295.12	295.12	Schizophrenia, disorganized type, chronic
295.13	295.13	Schizophrenia, disorganized type, subchronic with acute exacerbation
295.14	295.14	Schizophrenia, disorganized type, chronic with acute exacerbation
295.20	295.20	Schizophrenia, catatonic type, unspecified
295.21	295.21	Schizophrenia, catatonic type, subchronic
295.22	295.22	Schizophrenia, catatonic type, chronic
295.23	295.23	Schizophrenia, catatonic type, subchronic with acute exacerbation
295.24	295.24	Schizophrenia, catatonic type, chronic with acute exacerbation
295.30	295.30	Schizophrenia, paranoid type, unspecified
295.31	295.31	Schizophrenia, paranoid type, subchronic
295.32	295.32	Schizophrenia, paranoid type, chronic
295.33	295.33	Schizophrenia, paranoid type, subchronic with acute exacerbation
295.34	295.34	Schizophrenia, paranoid type, chronic with acute exacerbation
295.40	295.40	Schizophreniform disorder, unspecified
	295.41	Schizophreniform disorder, subchronic
	295.42	Schizophreniform disorder, chronic
	295.43	Schizophreniform disorder, subchronic with acute exacerbation
	295.44	Schizophreniform disorder, chronic with acute exacerbation
295.60	295.60	Schizophrenia, residual type, unspecified
295.61	295.61	Schizophrenia, residual type, subchronic
295.62	295.62	Schizophrenia, residual type, chronic

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DSM-IV Code	ICD-9-CM Diagnosis Codes	Diagnostic Description	DSM-IV Code	ICD-9-CM Diagnosis Codes	Diagnostic Description
295.63	295.63	Schizophrenia, residual type, subchronic with acute exacerbation	296.33	296.33	Major depression, recurrent, severe without psychotic features
295.64	295.64	Schizophrenia, residual type, chronic with acute exacerbation	296.34	296.34	Major depression, recurrent, with psychotic features
295.70	295.70	Schizoaffective disorder, unspecified	296.35	296.35	Major depression, recurrent, in partial remission
295.71	295.71	Schizoaffective disorder, subchronic	296.40	296.40	Bipolar disorder, manic, unspecified
295.72	295.72	Schizoaffective disorder, chronic	296.42	296.42	Bipolar disorder, manic, moderate
295.73	295.73	Schizoaffective disorder, subchronic with acute exacerbation	296.43	296.43	Bipolar disorder, manic, moderate, severe, without psychotic features
295.74	295.74	Schizoaffective disorder, chronic with acute exacerbation	296.44	296.44	Bipolar disorder, manic, moderate, with psychotic features
295.90	295.90	Schizophrenia, undifferentiated type, unspecified	296.45	296.45	Bipolar disorder, manic, in partial remission
295.91	295.91	Schizophrenia, undifferentiated type, subchronic	296.50	296.50	Bipolar disorder, depressed, unspecified
295.92	295.92	Schizophrenia, undifferentiated type, chronic	296.52	296.52	Bipolar disorder, depressed, moderate
295.93	295.93	Schizophrenia, undifferentiated type, subchronic with acute exacerbation	296.53	296.53	Bipolar disorder, depressed, severe, without psychotic features
295.94	295.94	Schizophrenia, undifferentiated type, chronic with acute exacerbation	296.54	296.54	Bipolar disorder, depressed, with psychotic features
296.00	296.00	Manic disorder, single episode, unspecified	296.55	296.55	Bipolar disorder, depressed, in partial remission
296.02	296.02	Manic disorder, single episode, moderate	296.60	296.60	Bipolar disorder, mixed, unspecified
296.03	296.03	Manic disorder, single episode, severe, without psychotic features	296.62	296.62	Bipolar disorder, mixed, moderate
296.04	296.04	Manic disorder, single episode, with psychotic features	296.63	296.63	Bipolar disorder, mixed, severe, without psychotic features
296.05	296.05	Manic disorder, single episode, in partial remission	296.64	296.64	Bipolar disorder, mixed, with psychotic features
296.10	296.10	Manic disorder, recurrent episode, unspecified	296.65	296.65	Bipolar disorder, mixed, in partial remission
296.12	296.12	Manic disorder, recurrent episode, moderate	296.70	296.70	Bipolar disorder, not otherwise specified
296.13	296.13	Manic disorder, recurrent episode, severe, without psychotic features	296.72	296.72	Bipolar disorder, not otherwise specified, moderate
296.14	296.14	Manic disorder, recurrent episode, with psychotic features	296.73	296.73	Bipolar disorder, not otherwise specified, severe without psychotic behavior
296.15	296.15	Manic disorder, recurrent episode, in partial remission	296.74	296.74	Bipolar disorder, not otherwise specified, severe specified psychotic behavior
296.20	296.20	Major depression, single episode, unspecified	296.75	296.75	Bipolar disorder, not otherwise specified, in partial remission
296.22	296.22	Major depression, single episode, moderate	296.80	296.80	Bipolar disorder, not otherwise specified
296.23	296.23	Major depression, single episode, severe, without psychotic features	296.81	296.81	Atypical manic disorder
296.24	296.24	Major depression, single episode, with psychotic features	296.82	296.82	Atypical depressive disorder
296.25	296.25	Major depression, single episode, in partial remission	296.89	296.89	Bipolar II disorder, hypomanic/depressed
296.30	296.30	Major depression, recurrent, unspecified	296.99	296.99	Affective psychosis, other specified (mood swings)
296.32	296.32	Major depression, recurrent, moderate	297.10	297.10	Delusional disorder
			297.30	297.30	Shared psychotic disorder
			298.80	298.80	Brief psychotic disorder
			298.90	298.90	Psychotic disorder, not otherwise specified

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1) Heading of the Part: Hearing Instrument Consumer Protection Code

2) Code Citation: 77 Ill. Adm. Code 682

3) Section Numbers: Proposed Action:

682.100 Amendments
 682.105 Amendments
 682.110 Amendments
 682.115 New Section
 682.120 Amendments
 682.130 Amendments
 682.140 Amendments
 682.150 Amendments
 682.160 Amendments
 682.170 Amendments
 682.180 Amendments
 682.185 New Section
 682.190 Amendments
 682.200 Amendments
 682.210 Repealer
 682.215 Amendments
 682.220 Amendments
 682.230 Amendments
 682.240 Amendments
 682.250 Amendments
 682.260 Amendments
 682.300 Amendments
 682.310 Amendments
 682.320 Amendments
 682.330 Amendments
 682.340 Amendments
 682.350 Amendments
 682.360 Amendments
 682.400 Amendments
 682.410 Amendments
 682.420 Amendments
 682.430 Amendments
 682.440 Repealer
 682.500 Amendments
 682.510 Amendments
 682.600 Amendments
 682.610 Amendments
 682.620 Amendments
 682.700 Amendments

4) Statutory Authority: Hearing Instrument Consumer Protection Act [225 ILCS 50].

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5) A Complete Description of the Subjects and Issues Involved: The Illinois Hearing Instrument Consumer Protection Act is an Act to protect the hearing impaired public from incompetent and dishonest hearing instrument dispensers who could endanger the health, safety, and welfare of the people of Illinois. This Act gives the responsibility of implementation and enforcement to the Department. The rules reflect the amended Act which requires a 30 business day refund period, removes provision for temporary licenses, allows audiology graduate students to dispense under the supervision of a licensed dispenser, and exempts licensed audiologists from taking the written licensing examination.

6) Will this Rulemaking Replace an Emergency Rule Currently in Effect? No

7) Does this Rulemaking Contain an Automatic Repeal Date? No

8) Does this Rulemaking Contain any Incorporations by Reference? Yes

9) Are there any Other Proposed Amendments Pending on this Part? No

10) Statement of Statewide Policy Objectives: The proposed rules allow the Department to carry out its legal mandate of protecting the hearing impaired public from incompetent and dishonest dispensers of hearing instruments.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing within 45 days after this issue of the Illinois Register to:

Gail M. DeVito
 Division of Governmental Affairs
 Illinois Department of Public Health
 535 West Jefferson, Fifth Floor
 Springfield, IL 62761
 (217) 782-6187

These rules may have an impact on small businesses. Small businesses commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities, and Not-For-Profit Corporations Affected: Retail Hearing Instrument Firms

B) Reporting, Bookkeeping or Other Procedures Required for Compliance: Requires submittal of audiometer calibration and employee roster

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C) Types of Professional Skills Necessary for Compliance: Licensed Hearing Instrument Dispensers

13) Regulatory Agenda on which this rulemaking was summarized: January 1996

The full text of the Proposed Amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER IV: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER J: VISION AND HEARING
PART 682

HEARING INSTRUMENT AID CONSUMER PROTECTION CODE

SUBPART A: GENERAL PROVISIONS

Section

682.100

Definitions

682.105 Incorporated and Referenced Materials

682.110 Information which shall be Given to Hearing Instrument Aid Users

682.115 Thirty-Business-Day Return Privilege

682.120 Description of Hearing Instruments Aids

682.130

Consumer Complaint Notification Cards

682.140 Consumer Records

682.150 Information to be Submitted by a Corporation, Partnership, Trust, Association or Other Entity

682.160 Inspections

682.170 Audiometer Calibrations

682.180 Mail Order Sales

682.185 In-Office Sales Promotions

682.190 Liability Insurance

682.195 Required Forms

SUBPART B: HEARING INSTRUMENT AID DISPENSER LICENSE

Section

682.200 Application Procedures

682.210 Issuance of a Temporary License (Repealed)

682.215 Supervision of Students

682.220 Duplication of a License

682.230 Place of Business

682.240 Display of License

682.250 Expiration of Licenses and License Renewals

682.260 Inactive Status Request

SUBPART C: TEST PROCEDURES FOR DISPENSING HEARING INSTRUMENTS AIDS

Section

682.300 Established Test Procedures

682.310 Period of Time Tests Are Valid

682.320 Tests Performed by Others

682.330 Hearing Instrument Aid Selection: Persons Eligible to Test--and Recommend

682.340 Audiometric Tests for Children, Developmentally Delayed Persons and Physically Disabled Persons

682.350 Audiometric Tests for Replacement Hearing Instrument Aid

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682.360 Equipment Needed

SUBPART D HEARING INSTRUMENT AID DISPENSER EXAMINATION

Section
682.400 Administration of the Examination
682.410 Identification Needed to Take the Examination
682.420 Examination: Written and Practical
682.430 Notification of Examination Results
682.440 Temporary License Expiration (Repealed)
682.450 Examination Due Process

SUBPART E: ETHICAL PRACTICE

Section
682.500 Dishonest, Unethical and Unprofessional Conduct
682.510 Advertising or Promotion

SUBPART F: DISCIPLINARY ACTIONS

Section
682.600 Administrative Hearings
682.610 Disciplinary Action
682.620 Restoration of Revoked or Suspended Licenses

SUBPART G: CONTINUING EDUCATION

Section
682.700 Continuing Education

APPENDIX A Application Form (Repealed)
APPENDIX B Supervision and Training Agreement Form (Repealed)
APPENDIX C License Authorization Form (Repealed)
APPENDIX D Certificate of Insurance (Repealed)
APPENDIX E Surety Penal Bond (Repealed)
APPENDIX F Inactive Status Request (Repealed)
APPENDIX G Registration of Hearing Aid Dispensers Employed by a Hearing Aid Corporation, Partnership, Trust, Association or Other Entity (Repealed)
APPENDIX H License Renewal Form (Repealed)
APPENDIX I Audiometer Calibration Form (Repealed)
APPENDIX J License Correction Form (Repealed)

AUTHORITY: Implementing and authorized by the Hearing Instrument Consumer Protection Act [225 ILCS 50].

SOURCE: Adopted at 11 Ill. Reg. 7690, effective April 15, 1987; amended at 12 Ill. Reg. 4720, effective February 22, 1988; amended at 14 Ill. Reg. 10447,

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effective June 18, 1990; amended at 17 Ill. Reg. 8825, effective June 10, 1993; amended at 20 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 682.100 Definitions

"Abuse" means any physical or mental injury or sexual assault, inflicted on a consumer other than by accidental means.

"Act" means The Hearing Instrument Aid Consumer Protection Act [225 ILCS 50] (4111-Rev.-Stat.-1991-CH.-111-PAR.-7401-ET-SEQ-7).

"Advertisement" means any printed or spoken information, which is provided to the public group, pursuant to the practice of fitting, dispensing or servicing Hearing Instruments Hearing-aids or by person(s) engaged in these activities.

"Audiometric Tests" means any test, utilizing calibrated audiometric equipment, to determine the status of the hearing system.

"Board" means the Hearing Instrument Aid Consumer Protection Board. (Section 3(h) of the Act)

"National Board Certified Hearing Instrument Specialist" means a person who has had at least 2 years in practice as a hearing instrument aid dispenser and has been certified after qualification by examination by the National Board for Certification in Hearing Instruments Sciences. (Section 3 of the Act)

"Licensed Clinical Audiologist" means a person licensed as an audiologist under the Illinois Speech-Language Pathology and Audiology Act with a minimum of a Masters-Degree from an accredited institution who has completed a minimum of 24 semester-hours (36-quarter-hours) of graduate-level course-work in an audiology curriculum who holds a Certificate of Clinical Competence in Audiology from the American Speech-Language-Hearing Association or a person who has completed 24 semester-hours (36-quarter-hours) of graduate-level course-work at an accredited institution, beyond a Bachelor's-Degree which meets the academic and practicum requirements for the award of a Certificate of Clinical Competence in Audiology from the American Speech-Language-Hearing Association. (Section 3 of the Act)

"Cost" means any expense resulting from activities mandated by the Hearing Instrument Aid Consumer Protection Act or this Part.

"Decibel or dB" means a numerical expression of the relative intensity of sound.

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"Department" means the Department of Public Health. (Section 3(a) of the Act)

"Director" means the Director of the Department of Public Health. (Section 3(b) of the Act)

"Entity" means a person or group of persons engaged in dispensing activities. (Section 3 of the Act)

"Fund" means the Hearing Instrument Aid Dispenser Examining and Disciplinary Fund. (Section 3 of the Act)

"Hearing Instrument" or "Hearing Aid" means any instrument or device designed, intended, or offered for the purpose of improving a person's effectively-compensating-for-impaired-human hearing and any parts, attachments, or accessories, including ear mold. Batteries However, batteries, cords, and individual or group auditory training devices and any instrument or device used by a public utility in providing telephone or other communication services are excluded. (Section 3(i) of the Act)

"Hearing Instrument Aid Dispenser" means a person who is a hearing care professional that engages in the selling, practice of fitting, selecting, recommending, dispensing, or servicing of fitting, instruments aids or the testing for means of hearing instrument selection or who advertises or displays a sign or represents himself or herself as a person who practices the testing, fitting, selecting, servicing, dispensing, or selling of hearing instruments aids. (Section 3 of the Act)

"Hearing Care Professional" means a person who is a licensed audiologist, a licensed hearing instrument dispenser, or a licensed physician. "Hearing-Instrument-Specialist" means a person designated after-qualification-by-experience-and-application-to-the-National Hearing-Aid-Society. (Section 3 of the Act)

"Liability Insurance" means malpractice insurance in the minimum amount of \$200,000.

"License" means a license issued by the State under this Act to a hearing instrument aid dispenser. (Section 3 of the Act)

"Licensed Dispenser" means a Hearing Instrument Dispenser dispenser who has passed the required portion(s) both the written-and-practical portions of the Department's Hearing Instrument Aid Dispenser Examination and has paid the appropriate fees for the license.

"Licensed Physician" means a physician licensed to practice medicine

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in all of its branches. (Section 3(g) of the Act)

"Masking" means the process by which a second sound stimulus is introduced to the nontest ear to isolate the response of the test ear from that of the nontest ear.

"Medical Evaluation" means a written statement, signed by a licensed physician, licensed to practice medicine in all of its branches by the Department of Professional Regulation pursuant to the Medical Practice Act [225 ILCS 60] (111-Rev-Stat-1991-CH-111-par-4401-4470), which states that the patient's hearing loss has been medically evaluated and the patient is may-be considered a candidate for a hearing instrument aid-and-which. The medical evaluation must have taken place within 6 months immediately preceding the date of the sale of the hearing instrument to time-the-written-statement-is-presented by the prospective hearings instrument aid user, to-the-hearing-aid dispenser. (Section 4 of the Act)

"Most Comfortable Loudness" (MCL) means a level at which sound is most comfortable for the client, that is loudness of sound sufficient and adequate to be easily heard by the listener without the sound being painful or having disturbing features.

"Observer(s)" means a Licensed Hearing Instrument licensed Dispenser(s) who observes-temporary-licenses-or observes students engaged in dispensing activities described in Section Sections 602-219(d)(2)-and 682.215(d).

"Place of Business" means a location where Hearing Instruments hearing aids are exhibited or the services are offered for sale or lease on a continuing basis; where the Hearing Instrument hearing-aid purchaser can have personal contact and counsel with the licensed Hearing Instrument Dispenser hearing-aid-dispenser and obtain service during the firm's business hours; where the licensed Hearing Instrument Dispenser dispenser maintains a depository of all client records; where the licensee normally conducts business; and is the address given for the purpose of retail sales tax to the Illinois Department of Revenue.

"Practice of fitting, dispensing or servicing of hearing instruments aids" means the selection, adaptation, sale-or-service-of-hearing-aids-and-includes-the-testing measurement of human hearing with by-means-of an audiometer, properly calibrated to the current American National Standard Institute standards, for the purpose of making selections, recommendations, adaptations, services, or sales of hearing instruments including the making of earmolds as part of the hearing instrument. (Section 3(j) of the Act)

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"Primary Supervisor" means the licensed Hearing Instrument Dispenser who is responsible for the Hearing Instrument dispensing activities of a student has completed and signed the Supervision and Training Agreement Form.

"Running-Speech" means unemotional connected discourse (speech which is void of words or phrases which would arouse strong feelings or emotions in the listener).

"Sell" or "Sale" means any transfer of title or of the right to use by lease, bailment, or any other contract, excluding wholesale transactions with distributors or dealers. (Section 3(k) of the Act)

"Speech Reception Threshold" means the lowest hearing level in decibels at which the client can respond correctly to at least 50% of the two-syllable words (spondaic words) presented via recording or live voice.

"Spondaic Words" means words containing two syllables which are pronounced with equal emphasis.

"Student" means any nonlicensed individual involved in supervised Hearing Instrument dispensing activities who is enrolled full-time in a graduate program of audiology in an accredited college or university. (Section 11 of the Act)

"Temporary License" means a license issued while the applicant is in training or is qualifying to become a licensed hearing aid dispenser has passed the written or practical exam and has paid the appropriate fees for the license. (Section 3(f) of the Act)

"Uncomfortable Loudness Level" (UCL) means the level at which the client indicates that sound is uncomfortably loud.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.105 Incorporated and Referenced Materials

The following materials are incorporated or referenced in this Part:

a) The following materials are incorporated or referenced in various sections of this Part:

- 1) ANSI S-3.6 1989 (ASA 81) 1969-(R-1989)
Specifications Standards for the Calibration of Audiometers
American National Standards Institute
1430 Broadway
New York, New York 10018, or
ASA Standards Distribution Center Publication-Sales-Dept.-7-SWB

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1650 Bluegrass Lakes Parkway American Institute of Physics
P.O. Box 6996 335-East-45th-Street
Alpharetta, GA 30239-6996 -New-York-New-York-10017
(See Sections 682.170(c), 682.170(e)(4), 682.300(b) and 682.300(d))

2) ANSI S 3.21-1978 (ASA 19)
Methods for Pure Tone Threshold
Audiometry
American National Standards Institute
1430 Broadway
New York, New York 10018
(See Section 682.300(a))

3) ANSI S3.1-1991 (ASA 93) 1977-(a-revision-of-ANSI-S3.1-1960)
Maximum American-National-Standard-Criteria-for Permissible
Ambient
Noise Levels for during Audiometric Test Rooms Testing-
American National Standards Institute
1430 Broadway
New York, New York 10018
(See Section 682.300)

b) The following federal regulations are incorporated in this Part: 21

CFR 801.420 and 801.421 (1986). (See Sections 682.110(f)(3))

c) The following State rules and State law are referenced in this Part:
1) Rules of Practice and Procedures in Administrative Hearings [77 Ill. Adm. Code 100]
Illinois-Department-of-Public-Health

2) Consumer Fraud and Deceptive Business Practices Act [815 ILCS 505] 1987-Stat-1987-ch-121-1/2-par-262-et-seq.

d) All incorporations by reference refer to the materials on the date specified and do not include any additions or deletions subsequent to the date specified.

e) All citations to federal regulations in this Part concern the specified regulation in the 1986 Code of Federal Regulations, unless another date is specified.

f) Copies of all incorporated materials are available for inspection and duplication by the public at the Department's Central Office, Division of Health Assessment and Screening (535 West Jefferson, Springfield, Illinois 62761).

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.110 Information which shall be given to Hearing Instrument Users

a) Whenever a sale or service of one or more hearing instruments aids, involving \$50 or more is made or contracted to be made, whether under a single contract or under multiple contracts, at the time of the

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transaction, the hearing instrument ~~aid~~ dispenser shall furnish the consumer with a fully completed receipt or contract pertaining to that transaction, in substantially the same language as that used in the oral presentation to the consumer. The receipt or contract shall contain the dispenser's name, license number, business address, business phone number, and signature; the name, address and signature of the hearing instrument ~~aid~~ consumer; and the name and signature of the purchaser if the consumer and the purchaser are not the same; the hearing instrument ~~aid~~ manufacturer's name, and the model and serial numbers ~~number--or--name--that--clearly--identifies--the--hearing--aid~~; the date of purchase; and the charges required to complete the terms of the sale fully and clearly stated. When the hearing instrument ~~aid~~ is delivered to the consumer or purchaser, the serial number shall be written on the original receipt or contract and a copy shall be given to the consumer or purchaser. If a used hearing instrument ~~aid~~ is sold, the receipt and the container thereof shall be clearly marked as "used" or "reconditioned", whichever is applicable, with terms of guarantee, if any. (Section 4 of the Act)

- b) If a medical evaluation is not obtained, a copy of the medical waiver shall be presented to the consumer for his signature and a copy of this document shall be attached to the consumer's copy of the contract/receipt. The medical waiver shall be a separate document from the contract/receipt.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.115 Thirty-Business-Day Return Privilege

- a) All hearing instruments offered for sale must be accompanied by a 30-business-day return privilege. (Section 4 of the Act)

1) At the time the Hearing Instrument is delivered, the licensed Hearing Instrument Dispenser must furnish the consumer with a fully completed receipt or copy of the contract pertaining to the sale that contains a statement informing the consumer that he or she may return the Hearing Instrument for a refund within 30 business days. In immediate proximity to the space reserved in the contract for the signature of the consumer there shall be a statement, in bold 10 point type, in substantially the following form: "You, the buyer, may request a refund within 30 business days of the delivery. This refund period extends to _____."

- b) If during the 30-business-day refund period, the Hearing Instrument and or accessories are returned to the manufacturer/supplier for adjustment or repair, the refund period will be extended, affording the consumer the remainder of the refund period.

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(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.120 Description of Hearing Instruments Aids

No terms or combination of terms may be used, either written or verbal other than "new," "used" or "reconditioned." (Section 4 of the Act)

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.130 Consumer Complaint Notification Cards

A consumer complaint notification form and poster, provided by the Department of Public Health, shall be utilized as specified in Section 4 of the Act. The poster shall always be displayed wherever Hearing Instruments hearing-aids are dispensed except for "in home" sales.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.140 Consumer Records

Required consumer records for licensed Hearing Instrument Dispensers hearing aid-dispensers shall be copies of medical evaluations, medical waivers, contracts or receipts, and audiometric test results (audiograms).

- a) The full name of the licensed Hearing Instrument Dispenser dispenser, his--license--#, and the date of the test shall be recorded on the audiogram.

- b) When a Hearing Instrument the-hearing--aid is sold, as defined in Section 3 of the Act, copies of all records that are set forth in this Section shall be retained at the place of business shown on the contract for a minimum of 36 months. (21 CFR 801.421(d) and Section 4 of the Act)

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.150 Information to be Submitted by a Corporation, Partnership, Trust, Association or Other Entity

Each corporation, partnership, trust, association or other entity engaging in the business of testing, fitting, servicing, selecting, dispensing, selling, or offering for sale hearing instruments aids at retail shall file, with the Department, prior to doing business in this State and by July 1 of each calendar year thereafter, a list of all licensed and temporary-licensed hearing instrument aid dispensers employed by it; the business name, address, county, and phone number; and the name of the owner and/or manager on forms prescribed

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by the Department and a statement attesting that it complies with this Act and the rules promulgated under it hereunder and the regulations of the Federal Food and Drug Administration (21 CFR 801.420 et seq.). (Section 5 of the Act) The Department shall be notified, in writing, of any changes to the information provided.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.160 Inspections

The Department shall inspect places of business, where Hearing Instruments hearing-aids are dispensed, at least once every three years. The following shall be inspected: display of the Department Poster; possession of the Department of Consumer Complaint Notification Form; audiometer calibration data sheet; Notice of Cancellation Forms, contracts/receipts and medical waiver forms, which the licensed Hearing Instrument Dispenser uses; and-for the temporary-licensee, the log-of-dispensing-activities--observed-by-the Primary-Supervisor--and/or--Observer. Individual client records shall not be inspected without the written consent of the client or guardian.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.170 Audiometer Calibrations

An annual Audiometer calibration shall be conducted on each audiometer used in dispensing Hearing Instruments hearing-aids a minimum of once each year.

- a) Audiometer calibration data sheets shall be kept on file, at the licensed Hearing Instrument Dispenser's dispenser's place of business, for four years after the date of calibration.
- b) The audiometer calibration data sheet shall include the following:
 - 1) Audiometer identification consisting of make, model and serial number.
 - 2) The calibrator's identification consisting of the company name, the company address and the name of the individual who conducted the calibration.
 - 3) Audiometer calibration readings for air and bone conduction, speech, rise and decay time, and masking.
 - 4) Calibrator's certification that the audiometer meets or exceeds American National Standard Institute (ANSI) standards. (See Section 682.105(a)(1))
 - 5) Date of calibration.
- c) Calibration shall be accomplished by the manufacturer or a person equipped with instruments for calibrating audiometers.
- d) Calibration of audiometers shall be in accordance with the Standards set by the American National Standard Institute. (See Section 682.105(a)(1))

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- e) The licensed Hearing Instrument Dispenser shall indicate the make of the audiometer, the model, serial number and the date of the last ANSI calibration, for each audiometer used in Hearing Instrument hearing aid dispensing activities on the Audiometer Calibration Form, which shall be signed and sent to the Department, by December 1, each year.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.180 Mail Order Sales

Businesses engaged in the mail order sale of Hearing Instruments hearing-aids shall submit a "Disclosure Statement" as specified (Section 6 of the Act) and a statement that such organization employs only licensed individuals in the dispensing of hearing instruments aids and files with the Department, by January 1 of each year, a list of all licensed hearing instrument aid dispensers employed by it. Furthermore, all mail order sales advertisements shall contain a statement listing the states which exclude or restrict the sale of Hearing Instruments through the mail.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.185 In-Office Sales Promotions

Unlicensed Hearing Instrument manufacturer representatives, conducting in office sales promotions, are prohibited from consumer contact prior to the testing of hearing and recommendation of a specific Hearing Instrument by a licensed Hearing Instrument Dispenser. The testing or evaluation of a consumer, utilizing electroacoustic equipment, by a manufacturer's representative not licensed as a Hearing Instrument Dispenser, in Illinois, is prohibited.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.190 Liability Insurance

- a) All persons Licensed under this Act shall maintain liability insurance (malpractice). (Section 4 of the Act)
- b) A licensed Hearing Instrument Dispenser dispenser who possesses liability insurance, which provides coverage only while the licensed Hearing Instrument Dispenser dispenser is dispensing for a particular employer, shall not dispense Hearing Instruments hearing-aids as a self-employee or for another employer without obtaining separate liability insurance coverage for the Hearing Instrument dispensing activities while self-employed or dispensing for the other employer(s).

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(Source: Amended at 20 Ill. Reg. _____, effective _____)

SUBPART B: HEARING INSTRUMENT AID DISPENSER LICENSE

Section 682.200 Application Procedures

Applicants for licensure shall submit to the Department the following forms and fees, which are required for license application:

- a) Application processing fee - \$35;
- b) Application form, which requests the following information: name of applicant, ~~social-security-number~~, birthdate, sex, home mailing address, home phone number, business or agency name, business mailing address, business phone, preferred mailing address, highest level of education completed, any university attended, professional certificates held, ~~Primary-Supervisor's-name/ID-number~~, number of years applicant has dispensed Hearing Instruments Hearing-aids, previous convictions or disciplinary actions against the applicant dispenser, citizenship status, indication that applicant is free of infectious disease, and Hearing Instrument Aid Consumer Protection Act compliance statement with the signature of applicant;
- c) ~~Supervision-and-training-Agreement-form-which-is-only-required-for-temporary-licensing-applicants-and-requests-the-following information:-the-name-of-the-Primary-Supervisor-the-Observer-and-the-temporary-licenser-the-signature-and-ID-number-of-the-Primary-Supervisor-and-Observer(s)-and-the-Primary-Supervisor's-address-and-phone-number~~;

c) Temporary License Fee - \$40 (6-months)

License Fee - \$80 (2 year)

Duplicate/Additional License Fee - \$10 (each);

- d) Proof of Liability Insurance, which shall give the name and address of the agency; the name(s) and address(es) address of the applicant(s) dispenser(s) insured; the name of the company affording coverage; the type of insurance (malpractice); the policy number; policy expiration date; limits of liability in thousands; any cancellation clause(s) and the address of the Department as the agency to be notified if the policy is cancelled or expires; and

f) Surety-Penalty-Bond-when-applicable,-in-the-sum-of-at-least-\$5000--as-specified-in-Section-11-of-the-Act

- e) An applicant who is a licensed audiologist is not required to take the written examination. (Section 8 of the Act) In order to verify the individual's status as a licensed audiologist, a copy of the applicant's current audiology license is required.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.210 Issuance of a Temporary License (Repealed)

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- a) ~~An applicant who fulfills the requirements-as-set-forth-in-Section-682.210 of-the-Act may-obtain-a-temporary-license-upon-applications-successful-completion-of-written-or-practical-examinations. The applicant will-be-issued-a-temporary-license for-a-period-not-to-exceed-6-months--A-temporary-license-shall-not-be-renewable. (Section 11-of-the-Act)~~
- b) ~~Applicants-for-a-temporary-license-shall-be-supervised-by-a-licensed dispenser~~
- c) ~~The license-for-the-temporary-licensed-Hearing-Aid-Dispenser--in-addition-to-the-business-address--shall-bear-the-primary-supervisor's name-and-license-ID-number~~
- d) ~~Responsibilities-of-the-primary-supervisor-supervisor's-employer-and/or-observer(s):~~
 - 1) ~~The-primary-supervisor-and-observer(s)-shall-be-responsible-for-the-supervision-and-training-of-the-applicant~~
 - 2) ~~The-primary-supervisor-or-observer(s)-shall-personally-have-a minimum-of-5-hours-per-week-of-face-to-face-communication-with each-temporary-licensor-with-less-than-2-years-experience dispensing-hearing-aids--the-temporary-licensor-shall-be observed-performing-hearing-aid-dispensing-activities-(Section 3(f)-of-the-Act)-and-counseling-clients~~
 - 3) ~~A-record-of-these-personal-observations-by-either-the-primary supervisor-or-the-observer(s)-listed-on-the-Supervision-Agreement Form--shall-be-maintained-in-a-log-by-the-temporary-licensor. This-log-shall-indicate-the-following:-the-activity-observed-the-amount-of-time-the-activity-was-observed-the-date-the activity-was-observed-and-the-signature-of-the-primary-supervisor-or-the-observer-who-viewed-the-activity~~
 - 4) ~~The-supervisor-and-the-supervisor's-employer-shall-be-jointly-and severally-liable-for-any-acts-of-the-temporary-licensor-holder relating-to-the-practice-of-fitting-or-dispensing-hearing-aids-as defined-in-this-Act-and-the-rules-promulgated-hereunder. (Section 11-of-the-Act)~~
 - 5) ~~Primary-supervisors-and-the-supervisor's-employer-shall-be responsible-for-the-acts-of-trainees-in-the-practice-of-fitting and-dispensing-of-hearing-aids-until-the-supervisor-notifies-the Department-and-the-trainer-in-writing-by-certified-mail-of-the termination-of-the-relationship~~
 - 6) ~~If-supervision-by-the-primary-supervisor-is-terminated-the temporary-licensor-must-find-another-primary-supervisor-shall complete-and-submit-to-the-Department-a-new-Supervision-Agreement Form--and-shall-not-dispense-hearing-aids-until-the-dispenser possesses-an-amended-temporary-licensor-which-has-the-current primary-supervisor's-name-on-it--The-date-of-expiration-of-the temporary-licensor-shall-not-change-with-the-new-primary supervisor~~
 - 7) ~~A-primary-supervisor-shall-not-supervise-more-than-five-temporary licensees-during-any-one-period-of-time--Where-shall-not-be-a~~

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limit on the number of observers a temporary licensee may use and a primary supervisor can serve as an observer for other temporary licensees.

e) The Department shall deny or revoke the supervisory or observational responsibilities of any person for any actions specified in Section 10 of the Act, the standard which shall be used to make this determination is the applicant ever having done any of the following: pleading not a contender, being convicted of a felony or misdemeanor under the laws of the United States or any State or territory, being disciplined by a governmental or professional association or being subject to any currently effective injunctive or restrictive order as a result of actions specified in Section 10 of the Act. A certified copy of the court record or a notarized letter from a government body or professional organization which shall detail the basis for the disciplinary action shall be proof that the standard for denial of observational or supervisory responsibility has been met.

f) When the Department receives the documents described in Section 682.200 of this Part, a Temporary License(s) shall be sent to the business addresses listed on the License Application Form.

(Source: Repealed at 20 Ill. Reg. _____, effective _____)

Section 682.215 Supervision of Students

a) Full-time students enrolled in a program of audiology in an accredited college or university may engage in the dispensing of hearing instruments aids under the supervision of a licensed hearing instrument aid dispenser without a temporary license for a period not exceeding 6 months. (Section 11 of the Act)

b) At least fifty percent of each Hearing Instrument dispensing activity by a student must be observed directly by a licensed Hearing Instrument Dispenser responsible for the supervision of the student. The primary supervisor of a student(s) engaged in dispensing activities shall notify the Department of such supervision by completing and returning to the Department the Supervision and Training Agreement Form.

c) Until such time when the student has obtained a Hearing Instrument Dispenser License temporary license (6 months) or license (2 years), dispensing of Hearing Instruments hearing aids off campus is limited to sites or programs affiliated with, or operated under, the auspices and approval of the program of audiology in the college or university in which the student is enrolled.

d) A primary supervisor shall not supervise more than five students at one time. There shall be no limit on the number of observers a student may use and a primary supervisor can serve as an observer for other students.

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e) Supervisors Primary supervisors and the supervisors' employer shall be responsible for the acts of students in the practice of fitting and dispensing of Hearing Instruments hearing aids until the supervisor notifies the Department and the student, in writing, by certified mail of the termination of the relationship.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.220 Duplication of a License

Photocopying, reproducing or duplicating a Department Hearing Instrument Aid Dispenser License by any person other than the Department is prohibited.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.230 Place of Business

a) On the Application Form, each applicant hearing aid dispenser shall indicate his or her name and the name, address, county and phone number of all places of business from which Hearing Instruments hearing aids will be dispensed.

b) If the place of business of a licensee is changed from the address(es) provided on any Hearing Instrument Dispenser License(s) license(s) and/or changed from the preferred mailing address provided to the Department, on the application, the licensee shall file written notice thereof with the Department via the License Correction Form within ten working days of the change. The following information shall be provided by the licensed Hearing Instrument Dispenser dispenser: the licensed Hearing Instrument Dispenser's dispenser's corrected business address, phone and business county, and an indication if the correction is for a duplicate Hearing Instrument Dispenser License license, for a new Hearing Instrument Dispenser License license (a new business address), for the deletion of a current Hearing Instrument Dispenser License license business address or for a change in the preferred mailing address. The Department shall confirm in writing to the licensed Hearing Instrument Dispenser dispenser that the changes have been made in the Hearing Instrument Dispenser's dispenser's records.

c) Except at those places of business where the consumer can receive Hearing Instrument hearing aid services via another licensed Hearing Instrument Dispenser dispenser, who can be contacted at the dispenser's former business address and phone number, Hearing Instrument Dispensers dispensers who make a change in their business location shall leave a forwarding address, with the post office, for at least one year and a forwarding phone number, with the phone company, for at least four months, so that consumer(s) and the

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Department can contact the licensed Hearing Instrument Dispenser dispenser.

- d) Prior to the closing of a business, the licensed Hearing Instrument Dispenser is required to place an advertisement in a local or area newspaper, advising the public of the closing, and arrange for the transfer of records upon consumer request.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.240 Display of License

- a) Persons engaged in the selling, practice of testing, fitting, selecting, recommending, adapting, dispensing or servicing hearing instruments aids or who display a sign, advertise or represent themselves as a person who practices the fitting and selling of hearing instruments aids after January 1, 1985, shall possess a current Department Hearing Instrument Aid Dispenser License that shall be conspicuously displayed in the place of business in accordance with Section 5 of the Act [225 ILCS 50/5] (Ill. Rev. Stat. 1987, ch. 117 par. 7405). The address on the Hearing Instrument License itense shall be the same as the address of the place of business where Hearing Instruments hearing-aids are dispensed where only one place of business is used.

- 1) When more than one place of business is in operation, more than 8 hours per week annually, an additional Hearing Instrument Dispenser License a-duplicate-itense with the address of the additional place of business(es) shall be displayed.

- 2) If any place of business is in operation less than 8 hours per week annually, or if the Hearing Instrument dispensing is done in a consumer's home, a duplicate Hearing Instrument Dispenser License itense with the address of the main place of business shall be displayed.

- b) When a licensed Hearing Instrument Dispenser hearing-aid-dispenser opens a new place of business prior to the commencement of business at the new address, an additional Hearing Instrument Dispenser License itense, with the new address, shall be displayed.

- c) When engaged in Hearing Instrument dispensing activities a Hearing Instrument Dispenser dispenser shall produce the Hearing Instrument Dispenser License hearing-aid-dispenser-itense upon request of any member of the public, employee of the Department, or employee of a law enforcement agency.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.250 Expiration of Licenses and License Renewals

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- a) licensed Hearing Instrument Aid Dispenser Licenses itenses shall be valid for two years.

- 1) The fee for renewal of the Hearing Instrument Dispenser License itense-and-duplicate-itense(s) shall be \$80 for the next two year period. The licensee shall send a completed License Renewal Form and the Licensed Renewal Fee to the Department, postmarked no later than 30 days prior to the expiration date on the Hearing Instrument License. Failure to receive a notice to renew shall not relieve the licensed Hearing Instrument Dispenser of the obligation to pay the renewal fee 30 days prior to the expiration date on the Hearing Instrument License.

- 2) The Department shall send renewal and expiration notices to the licensee. The licensee shall send a completed License Renewal Form-and-the-License-Renewal-Fee-to-the-Department-post-marked no-later-than-30-days-prior-to-the-expiration-date-on-the-itense---Failure-to-receive-a-notice-to-renew-shall-not-relieve the-licensed-dispenser-of-the-obligation-to-pay-the-renewal-fee-30-days-prior-to-the-expiration-date-on-the-itense.

- 3) The fee for each additional/duplicate Hearing Instrument Dispensing License is \$10.

- b) Individuals who pass the Hearing Instrument Dispenser hearing-aid dispenser examination (written-and-practical) shall complete the Application Form and pay an \$80 Hearing Instrument License itense fee for the issuance of a Hearing Instrument License plus \$10 for each additional Hearing Instrument License itense. This Hearing Instrument License itense shall be valid for two years.

- c) If the Hearing Instrument Dispenser's License hearing-aid-dispenser's itense has expired and the Hearing Instrument Dispenser dispenser has not practiced for at least 2 5 years, or more the Hearing Instrument Dispenser dispenser must successfully complete the Department's Hearing Instrument Aid Dispenser examination (written and practicum) and pay all the required fees.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.260 Inactive Status Request

- A Any licensed hearing instrument aid dispenser who notifies the Department on the prescribed forms may place his or her such license on inactive status. (Section 20 of the Act)

(Source: Amended at 20 Ill. Reg. _____, effective _____)

SUBPART C: TEST PROCEDURES FOR DISPENSING HEARING INSTRUMENTS A19S

Section 682.300 Established Test Procedures

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These established tests and instrumentations shall be employed in the selection of Hearing Instruments hearing-aids, except for children or persons with developmental disabilities or physical disabilities. The test results and instrumentation used in the selection of Hearing Instruments hearing-aids shall be recorded for all persons. The ambient noise conditions within the room under which these tests results are obtained shall be described, i.e., any noise source that will influence the test results.

- a) Air and bone conduction test results shall be obtained for each client in the manner specified in the American National Standard Institute-Methods for Pure Tone Threshold Audiometry (See Section 682.105(a)(2)).
- b) Masking shall be applied to the nontest ear whenever the test stimulus, which is delivered to the test ear, arrives at and/or is likely to be perceived in the nontest ear.
- c) Speech reception threshold shall be accomplished with a speech audiometer as defined in and calibrated to the American National Standards Institute ~~institute's~~ Standard Specifications for Audiometers (see Section 682.105(a)(1)). The spondaic words shall be presented by recording or live voice. The results from either recorded or live voice testing shall be in decibels (dB) hearing level.
- d) Speech discrimination tests shall be administered utilizing a speech audiometer as defined in and calibrated to the American National Standards Institute ~~institute's~~ Standard Specifications for Audiometers (see Section 682.105(a)(1)). The results shall be recorded as the percentage of the total number of words correctly identified at a specified presentation level.
- e) "Most Comfortable Loudness" shall be obtained using sound or running speech via recorded or live voice and shall be measured and recorded in decibels (dB) hearing threshold level.
- f) "Uncomfortable loudness level" (UCL) shall be obtained using sound or running speech via recorded or live voice and shall be measured and recorded in decibels (dB) hearing threshold level.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.310 Period of Time Tests Are Valid

The audiometric tests shall have taken place within 6 months immediately preceding the date any payment is made on a Hearing Instrument hearing-aid or if payment is not made, when the consumer takes possession of the Hearing Instrument hearing-aid.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.320 Tests Performed by Others

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Audiometric tests performed, within the previous six months, by another licensed Hearing Instrument Dispenser dispenser or Licensed Audiologist licensed-audiologist can be used to make a Hearing Instrument hearing-aid selection (see Section 682.330); however, it is the responsibility of the licensed Hearing Instrument Dispenser dispenser who sells the Hearing Instrument hearing-aid to ensure that all tests required by this Part have been conducted prior to dispensing a Hearing Instrument hearing-aid. The seller is also responsible for the Hearing Instrument hearing-aid which is dispensed.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.330 Hearing Instrument Aid Selection: Persons Eligible to Test and Recommend

Possession of a Department Hearing Instrument Aid Dispenser License is required for any person who performs tests which are used to recommend or for any person who makes the recommendation that a person obtain a specific or generic Hearing Instrument hearing-aid by make and model or specification.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.340 Audiometric Tests for Children, Developmentally Delayed Persons and Physically Disabled Persons

The tests and procedures used in dispensing of Hearing Instruments hearing-aids shall be appropriate to the individual subject, e.g., children or persons with developmental or physical disabilities.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.350 Audiometric Tests for Replacement Hearing Instrument Aid

The minimum tests set forth in Section 682.300 are not required when the Hearing Instrument hearing-aid is a replacement of a hearing instrument aid of the same make and model within one year of the dispensing of the original hearing instrument. (Section 18(z) of the Act)

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.360 Equipment Needed

Each licensed Hearing Instrument Dispenser dispenser shall have equipment capable of performing the tests described in Section 682.300 (a), (b), (c), (d), (e) and (f) of this Part.

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before looking in the ear with an otoscope; look in the examiner's ear with an otoscope and identify the landmarks and findings of the ear examination; instruct the examiner prior to conducting pure tone audiometry; place the ear phone and bone conduction vibrator on the examiner; and obtain the air conduction and bone conduction hearing threshold at 1000Hz and 2000Hz for both right and left ear and record the results on an audiogram.

- 3) Speech Audiometry: The candidate shall set up an audiometer for speech audiometric testing; instruct the examiner prior to conducting speech reception threshold (SRT) measurements; compute and record the speech reception threshold, instruct the examiner prior to conducting speech discrimination measurement; compute and record the speech discrimination score; instruct the examiner for obtaining the most comfortable loudness level and uncomfortable loudness level.

- 4) Hearing Instrument Aid: The candidate shall use a battery tester; test eight Hearing Instrument hearing-aid batteries and identify the weak or dead batteries; examine seven malfunctioning Hearing Instruments hearing-aids; and correctly identify the problem areas in those Hearing Instruments hearing-aids.

- c) The minimum passing scores for each area shall be as follows: Ear Mold Impression - 15 points out of 18, Pure Tone Audiometry 58 points out of 69, Speech Audiometry 14 points out of 19 and Hearing Instruments Aids 11 points out of 15.

- d) The fee for the exam shall be \$200. The fee for retaking each failed area of the exam shall be \$50 per area.

- e) If the applicant dispenser chooses to retake the practical examination, all of the areas failed must be retaken on the same date and contiguously.

- f) There shall be no limit on the number of times the practical test can be retaken.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.430 Notification of Examination Results

A written notification of examination results will be issued by the Department, within 60 days, to all persons who take either the written or practical Hearing Instrument Dispenser hearing-aid-dispenser examination.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.440 Temporary License Expiration (Repealed)

if--a--dispenser's--license--expires--the-dispenser-shall-not-dispense-hearing

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(Source: Amended at 20 Ill. Reg. _____, effective _____)

SUBPART D: HEARING INSTRUMENT AID DISPENSER EXAMINATION

Section 682.400 Administration of the Examination

Individuals Dispensers may write to the Department for information on taking the Illinois Department of Public Health Hearing Instrument Aid Dispenser Examination.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.410 Identification Needed to Take the Examination

The applicant dispenser shall present the following at the examination site prior to taking the examination: a registration form validated by the Department or its designee; identification with the applicant's name and signature; and a driver's license or other similar photo identification. No one may take the examination without each of these documents.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.420 Examination: Written and Practical

The examination shall consist of written and practical tests. The written and practical tests shall be administered by the Department or its designee. These tests shall be administered at least once every two months. (Section 11 of the Act)

- a) The examination shall cover those areas of knowledge specified in Section 9 of the Act. The examination shall also cover knowledge of the provisions of the Act and this Part. A passing grade, for the written examination, shall be a minimum score of 53 correct answers out of 75 questions.

- 1) An applicant who fails the written examination may retake the examination. An examination fee must be paid for each examination.

- 2) There shall be no limit on the number of times the written test can be retaken.

- b) The practical examination shall consist of 4 areas:

- 1) Ear Mold Impressions: the candidate shall explain, to an examiner, the purpose for preparing the ear mold impression; describe the procedures followed in preparing the ear mold impressions; demonstrate preparation of the ear mold impression materials and make an acceptable ear mold impression.

- 2) Pure Tone Audiometry: The candidate shall instruct an examiner

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aids-

(Source: Repealed at 20 Ill. Reg. _____, effective _____)

SUBPART E: ETHICAL PRACTICE

Section 682.500 Dishonest, Unethical and Unprofessional Conduct

Dishonest, unethical and unprofessional conduct shall include the activities set forth in Section 18 of the Act as well as the following actions.

- a) Stating or implying, verbally or in writing, that the use of a Hearing Instrument hearing-aid will restore normal hearing or preserve hearing or prevent or retard progression of hearing impairment.
- b) Physically abusing clients.
- c) Falsifying records.
- d) Representing, advertising, or implying that a Hearing Instrument hearing-aid is guaranteed without providing full disclosure of the identity of the guarantor; the nature, the extent, and duration of the guarantee; including the existence of conditions or limitations.
- e) When a deposit of \$50 or more is given to a licensed Hearing Instrument Dispenser hearing-aid--dispenser, it shall be considered unethical conduct for the licensed Hearing Instrument Dispenser to use a contract/receipt which does not specify the time limit between the signing of the contract and the time of the delivery of the Hearing Instrument(s) aids. The time limit shall not exceed 45 calendar days and it shall be prominently displayed in ten point type on the contract/receipt. If the Hearing Instrument hearing-aid is not available for delivery to the consumer/purchaser 45 calendar days after the date the contract/receipt was signed, the consumer/purchaser, in writing, shall be given the opportunity to have all his/her money refunded less the itemized cost of the examination and/or any custom made parts already received by the licensed Hearing Instrument Dispenser dispenser, which had been cost itemized on the contract/receipt when it was signed.

- f) Representing that the service of a physician licensed to practice medicine in all of its branches will be used or made available in the fitting, adjustment, maintenance or repair of hearing instruments aids when that is not true, or using the words "Doctor", "Audiologist", "Clinic", "Clinical Audiologist", "Certified Hearing Aid Audiologist", "State Licensed", "State Certified", "Hearing Care Professional", "Licensed Hearing Instrument Dispenser", "Licensed Hearing Aid Dispenser", "National Board Certified Hearing Instrument Specialist", "Hearing Instrument Specialist", "Licensed Audiologist", or any other term, abbreviation or symbol which would give the impression that service is being provided by persons who are licensed or awarded a degree or title, or that the person's service who is holding the License has been recommended by a governmental agency or health

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- g) *provider, when such is not the case.* (Section 18(u) of the Act) Any money back guarantee provision contained in a contract/receipt for the sale of the Hearing Instrument hearing-aid which fails to specify the duration of the guarantee and the maximum amount of time within which money will be refunded after a timely request for refund is made; specify in the contract/receipt the procedure which must be followed in order to exercise one's rights under such guarantee; and specify and itemize any and all limitations or deductions which will be subtracted from a refund, including, but not limited to: testing fees, service charges, custom ear molds or rental charges for wear and tear are prohibited.

- h) Cheating or dishonesty by an applicant a-dispenser on the examination shall be considered grounds for automatic failure and disciplinary action as specified in Section 18 of the Act.

- i) Submission of a check to the Department or a consumer for payment of fees or a refund when there are insufficient funds in the account upon which the check is drawn to cover the amount of the check. The return of the check to the endorsee with the indication of insufficient funds is evidence that this violation has occurred.

- j) Dispensing Hearing Instruments hearing--aids without liability insurance.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.510 Advertising or Promotion

- a) Licensees who possess a Doctor's degree or possess any degree or title which contains the word "Doctor" shall indicate, in any advertisement regarding their qualifications, the abbreviation for that degree or title and the area of study for which the degree or title "doctor" was given.

- b) Licensees advertising the State of Illinois relative to Hearing Instruments hearing--aids shall indicate a permanent business address (place of business) in the advertisement.

- c) Advertising a price for a "used" or "reconditioned" Hearing Instrument hearing-aid without indicating that the advertised price is for a "used" or "reconditioned" Hearing Instrument hearing-aid is prohibited.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

SUBPART F: DISCIPLINARY ACTIONS

Section 682.600 Administrative Hearings

All An administrative hearings hearing shall be conducted in accordance with

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Sections 18 and 21 of the Act and the Department's Rules of Practice and Procedures in Administrative Hearings- (77 Ill. Adm. Code 100). Final decisions by the Director relating to disciplinary proceedings shall be transmitted to the Attorney General, appropriate professional association, the news media, the employer of the person(s) subject to said discipline, the Hearing Instrument ~~hearing-aid~~ licensure boards and Attorney Generals of states bordering the State of Illinois and the Hearing Aid Industry Council.

States, any state or territory; been disciplined by another governmental or professional association for actions which involve fraud or dishonesty; is not subject to any currently effective injunctive or restrictive order as a result of the aforementioned actions; and has not engaged in Hearing Instrument dispensing activities as described in Section 5 and Section 3(j) of the Act.

c) The Board and Department shall be guided in the restoration of the Hearing Instrument License ~~license~~, by the nature of the actions which caused the Hearing Instrument License ~~license~~ to be suspended or revoked. The standards by which the Board shall be guided in its recommendation for the restoration of a Hearing Instrument License ~~license~~ shall be as follows:

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.610 Disciplinary Action

Disciplinary actions by the Department shall be in the following order of severity: letter of reprimand, probation, suspension of license, denial of license or revocation of license. The severity of the disciplinary action shall be determined by the number of violations which have occurred; previous disciplinary actions which have been taken against a licensed Hearing Instrument Dispenser ~~dispenser~~; conviction of the licensed Hearing Instrument Dispenser ~~dispenser~~, for felonies or misdemeanors involving fraud or dishonesty, especially those convictions which are related to Hearing Instrument ~~hearing-aid~~ dispensing; the effect the violation on a consumer versus a non-consumer related violation; and the dispenser's degree of cooperation in resolving a complaint which is a violation. ~~The Department, with the approval of the Board, may impose a fine not to exceed \$1000 \$250 plus costs for the first violation and not to exceed \$5000 \$1,000 plus costs for each subsequent violation of this Act, and the rules promulgated hereunder, on any person or entity described in this Act. Such fine may be imposed invoked as an alternative to any other disciplinary measure, except for probation--as set--forth-in-this-Section. The imposition by the Department of a fine for any violation does will not bar the such violation from being alleged in subsequent disciplinary proceedings. Such fine shall be deposited in the Fund. (Section 18 of the Act)~~

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 682.620 Restoration of Revoked or Suspended Hearing Instrument Dispenser Licenses

Persons whose Hearing Instrument Dispenser Licenses ~~licenses~~ have been suspended or revoked may petition the Board for restoration of the license.

a) The applicant shall specify the reasons for the restoration of the Hearing Instrument License ~~license~~.

b) The applicant shall affirm, by signature and date, that during the period that the Hearing Instrument License ~~license~~ was revoked or suspended, the applicant has not pleaded nolo contendere or been convicted of a felony or misdemeanor under the laws of the United

- 1) the number of violations which resulted in the revocation or suspension;
- 2) previous disciplinary actions which have been ordered against the petitioner ~~dispenser~~;
- 3) conviction of the petitioner ~~dispenser~~ for felonies or misdemeanors involving fraud or dishonesty, during the period of revocation or suspension;
- 4) evidence of Hearing Instrument ~~hearing-aid~~ dispensing after Hearing Instrument License ~~license~~ revocation or suspension;
- 5) the effect of the violations, which resulted in the suspension or revocation, on consumers; and
- 6) settlement of all consumer claims against the petitioner ~~dispenser~~.

d) Falsification of any information provided to the Department or Board shall be grounds for refusal to restore the Hearing Instrument License ~~license~~, suspension or revocation of the Hearing Instrument License ~~license~~.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

SUBPART G: CONTINUING EDUCATION

Section 682.700 Continuing Education

The continuing education requirements under the Act are established by the Hearing Instrument ~~Atid~~ Consumer Protection Board and located in the Illinois Administrative Code at 77 Ill. Adm. Code 3000.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: WIC Vendor Management Code
- 2) Code Citation: 77 Ill. Adm. Code 672
- 3) Section Numbers:

672.100	Proposed Action:
672.200	Amendment
672.205	Amendment
672.450	Amendment
672.505	Amendment
672.510	Amendment
672.610	Amendment
- 4) Statutory Authority: Implementing and authorized by the WIC Vendor Management Act [410 ILCS 255].
- 5) A Complete Description of the Subjects and Issues Involved: The WIC Vendor Management Code establishes authorization, education and compliance review of WIC retail vendors by the Department of Public Health, and enables the Department to carry out its responsibilities for fiscal management and accountability for the food delivery system under its jurisdiction.

This proposed rulemaking will make the following modifications to this Part:

 - Add a new definition for "Limited Liability Company" to Section 672.100, meaning a company organized and existing under the Limited Liability Company Act [805 ILCS 180].
 - Remove from Section 672.200 duplicate language for Participant/Vendor ratios and add further contract parameters and additional application request language.
 - Add to Section 672.205 application procedures for a Limited Liability Company from Section 672.200.
 - Include, in Section 672.505, Limited Liability Companies and modify the Class B violation for failure to maintain the minimum required quantity of two WIC foods to failure to maintain the required quantity of WIC infant formula.
 - Eliminate from Section 672.510 a cap on the total fine assessed in any one notice of violation.
 - Include companies organized under the "Limited Liability Company Act" in Section 672.610.

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- 6) Will this rulemaking replace any emergency rulemaking currently in effect?
No
 - 7) Does this rulemaking contain an automatic repeal date? No
 - 8) Does this rulemaking contain incorporations by reference? No
 - 9) Are there any other proposed rulemakings pending on this Part? No
 - 10) Statement of Statewide Policy Objectives: This rulemaking will have no economic effect on units of local government.
 - 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules by writing within 45 days after this issue of the *Illinois Register* to:

Gail M. DeVito
Division of Governmental Affairs
Illinois Department of Public Health
535 West Jefferson
Fifth Floor
Springfield, IL 62761
217/782-6187
- These rules may have an impact on small business. Any business commenting on these rules shall indicated their status as such in their comments.
- 12) Initial Regulatory Flexibility Analysis:
 - A) Type of Small Business Affected: WIC vendors.
 - B) Reporting, Bookkeeping or Other Procedures Required for Compliance: N/A
 - C) Types of Professional Skills Necessary for Compliance: N/A
 - 13) Regulatory Agenda on which this rulemaking was summarized: This rule was not included on either of the 2 most recent agendas because: The Department did not anticipate proposing this rulemaking at the time the regulatory agendas were filed.

The full text of the Proposed Amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENT
TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER I: MATERNAL AND CHILD HEALTH

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER I: MATERNAL AND CHILD HEALTH

PART 672
WIC VENDOR MANAGEMENT CODE
SUBPART A: GENERAL PROVISIONS
Section
672.100 Definitions
672.105 Incorporated and Referenced Materials
672.110 Purpose
672.115 Application of These Rules

PART 672
WIC VENDOR MANAGEMENT CODE
SUBPART A: GENERAL PROVISIONS
Section
672.100 Definitions
672.105 Incorporated and Referenced Materials
672.110 Purpose
672.115 Application of These Rules

SUBPART B: WIC VENDOR APPLICATION AND AUTHORIZATION PROCESS
Section
672.200 Geographic Distribution and Number of Vendors
672.205 Application Procedures
672.210 Authorization Criteria and Procedures
672.215 WIC Food List and Quantities
672.220 Criteria for Denial of Authorization
672.225 Denial of Authorization

SUBPART B: WIC VENDOR APPLICATION AND AUTHORIZATION PROCESS
Section
672.200 Geographic Distribution and Number of Vendors
672.205 Application Procedures
672.210 Authorization Criteria and Procedures
672.215 WIC Food List and Quantities
672.220 Criteria for Denial of Authorization
672.225 Denial of Authorization

SUBPART C: WIC VENDOR EDUCATION
Section
672.300 Initial WIC Retail Training by the Department
672.305 Initial WIC Retail Training by a Vendor
672.310 Annual WIC Retail Training Program
672.315 Compliance Training Workshop (Repealed)

SUBPART C: WIC VENDOR EDUCATION
Section
672.300 Initial WIC Retail Training by the Department
672.305 Initial WIC Retail Training by a Vendor
672.310 Annual WIC Retail Training Program
672.315 Compliance Training Workshop (Repealed)

Section
672.400 Authorization
672.405 WIC Vendor Contract Requirement
672.410 Expiration of WIC Vendor Authorization and Contract
672.415 Food Instrument Processing
672.420 Specifications for Rejection of Food Instruments
672.425 WIC Retail Vendor Responsibilities
672.430 Payment Obligation
672.435 Conflict of Interest
672.440 Unlawful Discrimination
672.445 Amendments Resulting From a Change in Statute or Regulation
672.450 Assignment or Transfer
672.455 Civil Law Suits

SUBPART D: WIC VENDOR AUTHORIZATION AND RESPONSIBILITIES
Section
672.400 Authorization
672.405 WIC Vendor Contract Requirement
672.410 Expiration of WIC Vendor Authorization and Contract
672.415 Food Instrument Processing
672.420 Specifications for Rejection of Food Instruments
672.425 WIC Retail Vendor Responsibilities
672.430 Payment Obligation
672.435 Conflict of Interest
672.440 Unlawful Discrimination
672.445 Amendments Resulting From a Change in Statute or Regulation
672.450 Assignment or Transfer
672.455 Civil Law Suits

Section
672.500 Compliance Monitoring Inspections
672.505 Violations
672.510 WIC Vendor Sanctions
672.515 Criteria for Termination or Suspension of Authorization, Prohibition, and/or Fine Assessment
672.520 Breach of Contract
672.525 Notice of Violation (Repealed)

Section
672.500 Compliance Monitoring Inspections
672.505 Violations
672.510 WIC Vendor Sanctions
672.515 Criteria for Termination or Suspension of Authorization, Prohibition, and/or Fine Assessment
672.520 Breach of Contract
672.525 Notice of Violation (Repealed)

SUBPART E: WIC VENDOR COMPLIANCE AND SANCTIONS
Section
672.600 Hearings
672.605 Parties to Hearings (Repealed)
672.610 Appearance and Representation of a Party
672.615 Commencement of an Action (Repealed)
672.620 Motions (Repealed)
672.625 Discovery (Repealed)
672.630 Form of Papers (Repealed)
672.635 Service (Repealed)
672.640 Pre-Hearing Conferences (Repealed)
672.645 Conduct of Hearings (Repealed)
672.650 Subpoenas (Repealed)
672.655 Burden of Proof (Repealed)
672.660 Administrative Law Judge's Report and Final Decision (Repealed)
672.665 Records of Proceedings (Repealed)
672.670 Miscellaneous (Repealed)

SUBPART E: WIC VENDOR COMPLIANCE AND SANCTIONS
Section
672.600 Hearings
672.605 Parties to Hearings (Repealed)
672.610 Appearance and Representation of a Party
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672.655 Burden of Proof (Repealed)
672.660 Administrative Law Judge's Report and Final Decision (Repealed)
672.665 Records of Proceedings (Repealed)
672.670 Miscellaneous (Repealed)

APPENDIX A
Illinois Regional Map
AUTHORITY: Implementing and authorized by the WIC Vendor Management Act [410 ILCS 255].
SOURCE: Adopted at 14 Ill. Reg. 19984, effective December 1, 1990; amended at 16 Ill. Reg. 17734, effective December 15, 1992; amended at 18 Ill. Reg. 2450, effective February 1, 1994; emergency amendment at 18 Ill. Reg. 13125, effective August 12, 1994, for a maximum of 150 days; amended at 19 Ill. Reg. 606, effective January 9, 1995; amended at 19 Ill. Reg. 16086, effective November 20, 1995; amended at 20 Ill. Reg. _____, effective _____.

APPENDIX A
Illinois Regional Map
AUTHORITY: Implementing and authorized by the WIC Vendor Management Act [410 ILCS 255].
SOURCE: Adopted at 14 Ill. Reg. 19984, effective December 1, 1990; amended at 16 Ill. Reg. 17734, effective December 15, 1992; amended at 18 Ill. Reg. 2450, effective February 1, 1994; emergency amendment at 18 Ill. Reg. 13125, effective August 12, 1994, for a maximum of 150 days; amended at 19 Ill. Reg. 606, effective January 9, 1995; amended at 19 Ill. Reg. 16086, effective November 20, 1995; amended at 20 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

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Section 672.100 Definitions

"Act" means the WIC Vendor Management Act [410 ILCS 255].

"Administrative Law Judge" means any person appointed by the Director to preside at an Administrative Hearing.

"Administrative Warning" means a written notice which describes the nature of a violation to the WIC Program and a request for correction of the violation.

"Applicant" means the individual, partnership, limited partnership, unincorporated association, limited liability company, or corporation applying to be a WIC Retail Vendor.

"Applicant's Composite Food Package Cost" means an amount determined by first multiplying the quantity of each WIC Food item in the Composite Market Basket times the Applicant's lowest shelf price for each item as determined during the Retail Vendor Price Survey. These totals are then added together to determine the cost of all items in the Composite Market Basket. In determining the lowest shelf price for juice, cheese and cereal, the Department will use the average of the lowest shelf prices of the two varieties which the Department has determined are the most frequently received varieties of that WIC Food item. If the Applicant has no supply of one or both of the most frequently received varieties, the Department will use the one or two lowest shelf prices with the lowest shelf price. In determining the lowest shelf price for infant formula, the Department will use a weighted average of the lowest shelf prices for the WIC approved brands, taking into account the percentage of each brand used by WIC Participants.

"Application" means the application forms and other required materials submitted by a Business Entity to notify the Department that the Business Entity desires to become a WIC Retail Vendor.

"Authorization" means the approval of an Applicant who has met the WIC Vendor criteria and possesses a properly executed, valid WIC Vendor Contract as a WIC Retail Vendor.

"Business Entity" means the retail business which an Applicant or authorized WIC Vendor operates at a particular Vendor Site.

"Composite Market Basket" means those quantities of WIC Food items received by a statistically average WIC Participant over a one month period.

"Contested Case" shall have the meaning ascribed it in Section 1-30 of the Illinois Administrative Procedure Act [5 ILCS 100/1-30].

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"Corporate Officer" means the identity of the officer of a Corporation as set forth in its Articles of Incorporation as filed with the Secretary of State wherein such entity is incorporated.

"CSFP" means the Commodity Supplemental Food Program which is a Federal food assistance program through which the Department or its Representative provide U.S. Government commodities to low-income women, infants and children and eligible elderly.

"Department" means the *Illinois Department of Public Health*. (Section 3(a) of the Act)

"Department Estimated Cost" means estimated prices based on indicators including wholesale prices for WIC foods and the self reported Vendor prices on the Vendor Retail Price Survey, which are averaged and weighted by Store Type and Region.

"Department Representative" or "Representative of the Department" means an employee or authorized agent of the Department.

"Director" means the Director of the Illinois Department of Public Health or designee.

"Expired Food" means a WIC Food item available to WIC Participants on a store shelf which exceeds the stamped date printed on the food item and labeled as one of the following: expiration date, "Sell By" date, "Best If Used By" date, or "Best When Purchased By" date, printed on the item.

"Food Instrument" or "FI" means a negotiable voucher issued by a Local Agency that specifies the quantity, size and type of authorized foods available to a WIC Participant within a designated time period, which can subsequently be taken to a Vendor in exchange for the specified quantities of food.

"Food Voucher" means Food Instrument.

"Grocery Store" means a fixed and permanent retail store whose primary business is the sale of food.

"IAPA" means the Illinois Administrative Procedure Act [5 ILCS 100].

"Illinois WIC Retail Food Delivery System" means the system in which Participants obtain WIC foods by submitting a Food Voucher to a WIC Retail Vendor.

"Invalid Vendor" is a rejection label which means a Food Instrument deposited or mailed by a Vendor which has been encoded and rejected by

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the Department's contract bank for the following reasons: the Food Instrument has not been stamped with the Vendor Number, the Vendor Number is unauthorized, unreadable, not in the space indicated, or a counterfeit Vendor Stamp is used. Typed or handwritten numbers shall not be accepted.

"Limited Liability Company" means a company organized and existing under the Limited Liability Company Act [805 ILCS 180].

"Local Agency" means a public or private, non-profit health or human services agency which provides health services, either directly or through contract, in accordance with the USDA WIC Regulations, the Act, or this Part.

"Minimum Supply of WIC Foods" means the Department published list of the minimum required quantities, sizes, and types of WIC Foods which must be maintained in stock at all times by a Vendor.

"Participant" means authorized pregnant women, breastfeeding women, postpartum women, infants or children who are receiving supplemental foods or Food Instruments under the WIC Program.

"Participant Requested Delivery" means a Participant requested delivery of WIC approved foods from a Vendor to an address specified by the WIC Participant or Proxy.

"Participant/Vendor Ratio" means the total number of WIC Participants redeeming Food Instruments through WIC Retail Vendors in a given region divided by the total number of WIC Retail Vendors in the same region.

"Pharmacy" means any store, shop, department, or other place, at a fixed and permanent location, having the capability to dispense and sell or offer for sale at retail value by a licensed pharmacist drugs, medicines, poisons, and liquid foods, prescribed for an individual by dentists, veterinarians, and physicians licensed to practice medicine in all its branches.

"Posted Shelf Price" means the clearly displayed price of WIC Foods charged to the general public, identifying the price of the specific WIC Food item. When no price is posted, the Posted Shelf Price shall be deemed to be the average price for a particular food item based on the Retail Vendor Price Survey for stores of like size and location.

"Proxy" means a person who is authorized by the Local Agency and the WIC Participant to accept and/or redeem Food Instruments on a participant's behalf.

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"Region" means a geographic area in the State of Illinois which is identified by specific boundaries determined by the Department. (See Section 672. Appendix A.)

"Regional Average Composite Food Package Cost" means an amount determined by first multiplying the quantity of each WIC Food item in the Composite Market Basket times the average regional shelf price for that item as derived from the Retail Vendor Price Survey for that region weighted to reflect the distribution of Store Types in the Region. These totals are then added together to determine the regional average cost of all items in the Composite Market Basket.

"Retail Vendor Price Survey" means the current prices, reported to the Department, by a Vendor or a Department Representative, as charges for WIC Foods.

"Store Type" means the classification of WIC Retail Vendors by the number of active customer check-out lanes/cash registers. One or two lanes is a type 1 Vendor Site. Three or four lanes is a type 2 Vendor Site. Five to seven lanes is type 3 Vendor Site. Eight or more lanes is a type 4 Vendor Site. A Pharmacy is a type 5 Vendor Site and a WIC Food Center is a type 6 Vendor Site.

"USDA" means the United States Department of Agriculture.

"USDA WIC Regulations" means the Regulations of the United States Department of Agriculture, Food and Consumer Service, Special Supplemental Nutrition Program for Women, Infants, and Children (7 CFR 246 (1990)).

"Valid WIC Retail Vendor Contract" means a contract that is binding only between the Department and the officer, partner or sole proprietor who originally signed the Vendor Application and Vendor Contract.

"Vendor" or "WIC Retail Vendor" means the individual, partnership, limited partnership, unincorporated association, limited liability company, or corporation authorized by the Department to accept Food Instruments and to provide supplemental food to WIC Participants, Proxies of WIC Participants or Department Representatives.

"Vendor Number" means the number assigned to an authorized Vendor by the Department for validating Food Instruments.

"Vendor Site" means a fixed and permanent location, operating as a Business Entity, listed in the WIC Vendor Application, which has been authorized by the Department for purposes of delivery of WIC Foods to WIC Participants or the Proxy of a WIC Participant.

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"Vendor Stamp" means the stamp provided to a Vendor by the Department for validating Food Instruments.

"Violation" means an infringement of Federal or State rules or statutes or local laws.

"WIC Food Centers" are WIC food distribution sites through which the Department or its Representative provide the direct distribution of WIC foods.

"WIC Food List" means the published list of the State of Illinois authorized WIC Foods.

"WIC Foods" means those competitively priced foods which have been placed on the WIC Food List, which have been determined by the Department to be nutritionally qualified for the WIC Program in the State of Illinois.

"WIC Participant Identification Card" means the card issued by a Local Agency to a Participant for purposes of the WIC Program.

"WIC Vendor Contract" means an agreement signed by the WIC Retail Vendor and the Department for the provision of WIC Foods to Participants, the Proxies of WIC Participants or Department Representatives.

"Women Infants and Children Nutrition Program" and "WIC" mean the Federal Special Supplemental Nutrition Program for Women Infants and Children authorized by Section 17 of the Child Nutrition Act of 1966, as amended (42 U.S.C. 1786). (Section 3(a) of the Act)

(Source: Amended at 20 Ill. Reg. _____, effective _____)

SUBPART B: WIC VENDOR APPLICATION AND AUTHORIZATION PROCESS

Section 672.200 Geographic Distribution and Number of Vendors

Prior to offering an application to a potential Applicant vendor, the Department shall utilize Participant/Vendor Ratios and shall consider Participant needs within geographical locations to determine if the Applicant meets the Regional Participant/Vendor Ratio to be eligible for selection. The Participant/Vendor Ratio shall be calculated for the geographic regions within the State of Illinois (see Appendix A) to determine the need for WIC Retail vendors within such regions. Participant/Vendor Ratios for each of the nine regions within Illinois shall be:

- a) Regions one through six shall be greater than 40, but shall be less than 60. Regions seven through eight shall be greater than

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100, but shall be less than 160. Region Nine--(9)--shall be greater--than--75--but--less--than--175--Upon the effective date of this Party--region nine (9) shall be greater than 145, but less than 175.

- b) With the exception of a Pharmacy, if an Applicant applies for WIC Authorization in a region which has more vendors than the minimum number of vendors and fewer vendors than the maximum number of vendors allowed in the region, the Applicant shall not be authorized unless the Applicant agrees to charge the Department a maximum of ninety-five percent--(95%) or less of the maximum value of the Food Instrument(s) or of the lowest shelf price for WIC food items, whichever is less, and agrees not to exceed this ninety-five-percent--(95%) level for more than two (2) months during the contract period of Authorization. Vendors authorized under this provision whose charges to the Department exceed ninety-five--(95%) of the maximum value of the Food Instrument(s) or the lowest shelf price for WIC food items, whichever is less, shall be placed on probation for the duration of their contract period. In addition, such vendors shall reimburse the Department for the difference between the amount received and ninety-five-percent--(95%) or less of the maximum value of the Food Instrument(s) or the lowest shelf price for WIC food items, whichever is less. If the Vendors do not pay this reimbursement within thirty--(30) calendar days from the date they are notified, they shall be subject to violations specified in Section 672.505(a).

- c) If a region has the minimum number of vendors (see Section 672.200(a)), an Application application shall not be offered to a potential Applicant vendor at a Vendor Site where, during the previous three years (3) years, a Vendor has been terminated or has consented to withdraw in lieu of termination.

- d) If a region has exceeded the maximum number of vendors (see Section 672.200(a)), an Application shall not be offered.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 672.205 Application Procedures

The Department shall provide an Application for applying to become an authorized WIC Retail Vendor. Submission of a completed Application shall not constitute Authorization to an Applicant to accept or receive payment for Food Instruments. Any Application submitted improperly or incompletely shall be returned to the Applicant. Any Application not completed and returned to the Department within ninety--(90) calendar days from receipt by the Applicant shall not be processed. An Applicant can apply for Authorization to become a WIC Retail Vendor by submitting the following to the Department:

- a) An Application for WIC Vendor Authorization as a sole proprietorship shall include the following:
 - 1) identity, address, and date of birth of owner;
 - 2) the Federal Employer Identification Number (FEIN) of the Business

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Entity;

- 3) identification of any ownership interest of thirty-percent-(30%) or more in any other entity applying for WIC Vendor Authorization or WIC Vendor;
- 4) identification of the Business Entity, the Store Type, location of the proposed Vendor Site and an employee contact for WIC purposes;
- 5) proof of the owner's identity;
- 6) proof of the Business Entity's FEIN;
- 7) proof of USDA Food Stamp Authorization, if applicable; and
- 8) identification of any person holding elective office as specified in Section 672.210(a)(7) and Section 11.1 of the Illinois Purchasing Act (413--Rev--Stat--1991--Ch--127--Par--132--11--1) [30 ILCS 505/11.1] and the elective office held.
- b) An Application for WIC Vendor Authorization as a corporation shall include the following:
 - 1) identity and location of the corporation's principal place of business;
 - 2) identity and address of the corporation's registered agent;
 - 3) FEIN of the corporation;
 - 4) identification, address and date of birth of any individual with an ownership interest of thirty-percent-(30%) or more by the stockholders and such an ownership interest by these stockholders in any other entity applying for WIC Vendor Authorization or WIC Vendor;
 - 5) identification of the Business Entity, the Store Type, location of the proposed Vendor Site and an employee contact for WIC purposes;
 - 6) Certification of Incorporation from the state State in which the Applicant is incorporated;
 - 7) identification, address and date of birth of each Corporate Officer;
 - 8) proof of identity for each Corporate Officer;
 - 9) proof of corporation's FEIN;
 - 10) proof of USDA Food Stamp Authorization, if applicable; and
 - 11) identification of any person holding elective office as specified in Section 672.210(a)(7) and Section 11.1 under the Illinois Purchasing Act (413--Rev--Stat--1991--Ch--127--Par--132--11--1) [30 ILCS 505/11.1] and the elective office held.
- c) An Application for WIC Vendor Authorization as a partnership or limited partnership shall include the following:
 - 1) identity and address of each limited and general partner and the registered agent;
 - 2) ownership percentages of each limited and general partner;
 - 3) FEIN of the partnership or limited partnership;
 - 4) identification of an ownership interest of thirty-percent-(30%) or more by the partners listed in subsection (c)(1) above and such an ownership interest by these partners in any other entity

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applying for WIC Vendor Authorization or WIC Vendor;

- 5) identification of the Business Entity, the Store Type, location of the proposed Vendor Site and an employee contact for WIC purposes;
 - 6) proof of identity of each limited and general partner and date of birth;
 - 7) proof of the partnership or limited partnership FEIN;
 - 8) proof of USDA Food Stamp Authorization, if applicable;
 - 9) if a limited partnership, it must provide a Certificate of Existence issued by the Illinois Secretary of State; and
 - 10) identification of any person holding elective office as specified in Section 672.210(a)(7) and Section 11.1 under the Illinois Purchasing Act (445-Rev.-Stat.-1991-CH-127, PAR-135-11-1) [30 ILCS 505/11.1] and the elective office held.
- d) An Application for WIC Vendor Authorization as a Limited Liability Company shall include the following:
- 1) identity and address of the Limited Liability Company's principal place of business;
 - 2) identity and address of the Limited Liability Company's registered agent;
 - 3) FEIN of the Limited Liability Company;
 - 4) identification, address and date of birth of any individual with ownership interest of 30% or more by limited liability managers and such an ownership interest by these managers in any other entity applying for WIC Vendor Authorization or WIC Vendor;
 - 5) identification of the Business Entity, the Store Type, location of the proposed Vendor Site and an employee contact for WIC purposes;
 - 6) Proof of Organization (out of state Limited Liability Companies);
 - 7) proof of identity and date of birth for each limited liability manager;
 - 8) proof of the Limited Liability Company's FEIN;
 - 9) proof of USDA Food Stamp Authorization, if applicable; and
 - 10) identification of any person holding elective office as specified in Section 672.210(a)(7) and Section 11.1 under the Purchasing Act [30 ILCS 505/11.1] and the elective office held.
- e)d) Each owner, partner, limited partner, or shareholder of five-percent (5%) or more of any stock shall also provide a statement concerning any conviction for a misdemeanor involving fraud, theft, or misuse of state or federal funds or any felony.
- f)e) Each Applicant or authorized representative shall attest to the accuracy of information provided in the Application.
- g)f) The Applicant shall have an obligation to notify the Department in writing, by Certified Mail, of material changes in information contained on the Application after Authorization and during the term of the WIC Vendor Authorization.
- h)g) Proof of FEIN shall include a copy of a notice of new employer identification number assigned or a copy of the Federal Tax Deposit

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Coupon.

1) Proof of identity shall include a copy of the Applicant's driver's license or an identification card issued by the Illinois Secretary of State.

2) If applicable, proof of USDA Food Stamp Authorization shall include a copy of the federal Food Stamp Program Authorization/Retailer Card.

3) The Applicant shall provide documents which verify the date of purchase or acquisition of the Business Entity for which the Applicant is seeking WIC Vendor Authorization.

4) Each Applicant shall attest to compliance with necessary local, municipal, or village licenses at the proposed Vendor Site.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

SUBPART D: WIC VENDOR AUTHORIZATION AND RESPONSIBILITIES

Section 672.450 Assignment or Transfer

a) The Vendor shall not sell, assign, or transfer in any manner its Authorization, the WIC Vendor Contract, WIC Vendor Stamp, or WIC Vendor Number. Any actual or attempted sale, assignment or transfer of the Authorization, WIC Vendor Contract, WIC Vendor Stamp, or WIC Vendor Number shall be a material breach of the WIC Vendor Contract.

b) It shall also be a material breach of the WIC Vendor Contract if any unauthorized individual, corporation, partnership, limited partnership, unincorporated association, Limited Liability Company, or former Vendor improperly acquires WIC Authorization after the death of a Vendor (if an individual) or the voluntary or involuntary dissolution of a Vendor corporation, partnership, limited partnership, unincorporated association, Limited Liability Company, or firm, and shall subject the Vendor to termination of its Authorization and a fine assessment in accordance with Sections 672.510, 672.515 and 672.520 of this Part. In addition, any assignee, transferee, buyer, or recipient of a Vendor's Authorization, WIC Vendor Contract, WIC Vendor Stamp, or WIC Vendor Number shall be in violation of this Part and shall be subject to the sanctions set forth in Section 672.510(c) of this Part.

c) At least fifteen (15) calendar days in advance, the Vendor shall notify the Department of any scheduled sale, lease, bankruptcy or cessation of the Vendor's Business Entity, or of any sale of a majority interest in the Vendor's Corporation, partnership, sole proprietorship, or Business Entity. Such notification shall be sent by certified mail and in writing to the place and address listed in the WIC Vendor Contract, Section XVI Notices.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

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SUBPART E: WIC VENDOR COMPLIANCE AND SANCTIONS

Section 672.505 Violations

Violations shall be classified as either Class A Violations, Class B Violations, or Class C Violations. Each Class of violation is listed below.

a) Class A Violations:

1) Imposition of any of the following sanctions by the USDA Food Stamp Program:

- A) civil money penalty
- B) suspension
- C) disqualification
- D) permanent disqualification.

2) Exchanging cash for Food Instrument(s).

3) Exchanging non-food items for Food Instrument(s).

4) Charging WIC Participants, Proxies or Department Representatives more for WIC Foods than non-WIC customers.

5) Charging the WIC Program for WIC Foods not received by the Participant, Proxy or Department Representative.

6) Claiming reimbursement for the sale of any amount of WIC Food which exceeds the store's documented inventory of that food for a specified period of time.

7) Submitting false, erroneous or inaccurate information on the application or WIC Retail Vendor Contract.

8) Exchanging credit for WIC Food Instrument(s).

9) Exchanging alcohol for WIC Food Instrument(s).

10) Receiving WIC Food Instrument(s) from any source other than a Participant, a Proxy or a Representative of the Department.

11) Transacting WIC Food Instrument(s) from any source other than a Participant, a Proxy or a Representative of the Department.

12) Redeeming WIC Food Instrument(s) which have been received from any source other than a Participant, a Proxy or a Representative of the Department.

13) Charging WIC Participants, Proxies or Department Representatives more than the Posted Shelf Price for WIC food items.

14) Charging the WIC Program for WIC Foods provided in excess of those listed on the WIC Food Instrument(s).

15) Failure to maintain the minimum required quantity, size and type foods in at least three (3) WIC Foods as identified in the Minimum Supply of WIC Foods and specified in the WIC Vendor Contract. (See definition of "Minimum Supply of WIC Foods" in Section 672.100.)

16) Submission of false, erroneous or inaccurate information in the business or financial information provided to the Department, on the Retail Vendor Price Survey, or during the course of inspections of the Vendor Site.

17) Refusing to allow the Department access to inspect the Vendor Site during normal business hours.

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- 18) Submission of a Federal Employers Identification Number (FEIN) for the Business Entity operating as a Vendor which differs from the FEIN filed for the same Business Entity with the USDA Food Stamp Program or with the Illinois Department of Revenue.
- 19) Failure to fulfill the terms of the WIC Vendor Contract.
- 20) The sale, lease, assignment, transfer or discontinuation of the Business Entity or moving the Business Entity to a new location or new address without notice to, and approval of, the Department.
- 21) Use of WIC Authorization by any unauthorized individual, corporation, partnership, limited partnership, unincorporated association, Limited Liability Company or former Vendor who has improperly acquired WIC Authorization after the death of a Vendor (if an individual) or the voluntary or involuntary dissolution of a Vendor corporation, partnership, limited partnership, Limited Liability Company and unincorporated association.
- 22) Failure to pay the Department the amount of any reimbursement due pursuant to Section 672.200(b).

b) Class B Violations:

- 1) Substitution of unauthorized foods not specified on the Food Instruments or WIC Food List.
- 2) Failure to maintain the minimum required quantity, size and type of WIC infant formula ~~foods~~ as identified in the Minimum Supply of WIC Foods and specified in the WIC Vendor Contract, ~~7-but--only if--this--failure--is--for--two--(2)--or--fewer--WIC--Foods--excluding infant--formula--~~ (See the definition of "Minimum Supply of WIC Foods" in Section 672.100.)
- 3) Requiring a Participant to select a different type or brand of WIC Foods when not specified on the Food Instrument.
- 4) Altering or submitting for payment altered Food Instruments.
- 5) Accepting any remuneration for the difference between the maximum value of the Food Instrument and the shelf price of the WIC Foods.
- 6) Having any expired WIC Food(s) on the shelf. (See Section 672.100 "Expired Food".)
- 7) Refusing to allow Participants, Proxies or Department Representatives to take all food items listed on the Food Instrument.
- 8) Not posting the shelf price for WIC Foods. If no price is posted, then for purposes of this Section, the Posted Shelf Price shall be deemed to be the average price for a particular food based on the Retail Vendor Price Surveys performed pursuant to this Part, for stores of like size and location.
- 9) The possession, the display on the shelf in the Vendor site, the attempted sale or actual sale of food products which originated from the WIC Food Centers or the Commodity Supplemental Food Program (CSFP).
- 10) Acceptance of WIC Food Instrument(s) that is signed by a

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Participant, a Proxy or a Department Representative before the total actual cost is filled in by the Vendor.

- c) Class C Violations:
 - 1) Exchanging cash or credit for Food Instruments without a valid WIC Retail Vendor Contract.
 - 2) Exchanging alcoholic beverages, food or non-food items for WIC Food Instruments without a valid WIC Retail Vendor Contract.
 - 3) Exchanging WIC Food Instruments for cash, credit or favors without a valid WIC Retail Contract.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 672.510 WIC Vendor Sanctions

- a) Any Class A Violation shall subject a Vendor to the following sanctions:
 - 1) Termination from the WIC Program for a period of three years; and
 - 2) A fine assessment of \$1,500-00; and
 - 3) Reimbursement to the Department for any overcharges, charges for items not received, monies paid for products not authorized as WIC Foods, and monies paid for Food Instruments accepted without a valid contract.
- b) Any Class B Violation shall subject a Vendor to the following sanctions:
 - 1) A fine assessment of \$750-00; and
 - 2) Certification that situation giving rise to the violation has been corrected.
- c) Any Class C Violation shall subject the violator to the following sanctions:
 - 1) A fine assessment of \$2,500-00 per violation; and
 - 2) Reimbursement to the Department for the "Actual Dollar(s) Amount of Sale" indicated on Food Instruments submitted to the Department's contract bank, or the total amount which was credited or paid by the Department's contract bank to the former Vendor, individual, Business Entity, or commercial enterprise; and
 - 3) Any individual who held any ownership interest in the violator shall be prohibited from applying to become an authorized WIC Retail Vendor for a period of three (3) years.
- d) ~~the total fine assessed in any one (1) notice of fine assessment shall not exceed \$6,000-00, regardless of the number and class of violations alleged against a Vendor.~~
- e) All fine assessments shall be paid within thirty-(30) calendar days from date of final order by cashier certified check or money order in United States currency. If the fine assessment is not received by the Department within thirty-(30) calendar days from the date of the final order, any collection fees and any other costs associated with

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the collection of the fine assessment shall be paid in addition to the fine.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

SUBPART F: RULES OF PRACTICE AND PROCEDURES IN ILLINOIS WIC RETAIL VENDOR ADMINISTRATIVE HEARINGS

Section 672.610 Appearance and Representation of a Party

The provisions of Section 100.4 of the Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100) shall not apply to proceedings under this Part, but shall be replaced by the following provisions:

a) A party may be represented by an attorney who is licensed in Illinois.

Attorneys who appear in a representative capacity must file a written notice of appearance setting forth:

- 1) the name, address and telephone number of the attorney;
- 2) the name and address of the party represented; and
- 3) an affirmative statement indicating that the attorney is licensed to practice law in Illinois.

b) An attorney, licensed to practice law, may withdraw from employment as a representative only upon written notice to the Department stating the reasons for withdrawal and consistent with the Code of Civil Procedure (Ill.-Rev.-Stat.-1991--ch--118--par--1-101-) [735 ILCS 5/1-101]. Such withdrawal shall require an appropriate ruling by the Administrative Law Judge.

c) A sole proprietor who is authorized as a WIC Retail Vendor or former Vendor, or any person or entity engaged in the activity of a WIC Vendor may appear and be heard on his own behalf.

d) A corporation or association which is authorized as a WIC Retail Vendor or was authorized as a former Vendor, or any person or entity engaged in the activity of a WIC Vendor shall appear and be heard only by an attorney licensed to practice in the State of Illinois.

e) A partnership or limited partnership authorized as a WIC Retail Vendor or that was authorized as a former Vendor, or any person or entity engaged in the activity of a WIC Vendor may appear and be heard by any partner, upon presentation to the Department of written authorization from all partners authorizing him to act in a representative capacity.

f) A Limited Liability Company authorized as a WIC Retail Vendor or that was authorized as a former Vendor, or any persons or entity engaged in the activity of a WIC Vendor, shall appear and be heard only by an attorney licensed to practice in the State of Illinois.

g) Special appearances are not recognized. The initial appearance regardless of form is deemed a general appearance.

h) Each party to a proceeding who appears before the Department either in person or by counsel, shall inform the Department in writing or upon the record of the address at which any notice or other document

may be served upon him or her in such proceeding. All further service may be made by regular mail unless otherwise required by statute or rule. Service shall be presumed unless disputed in the record.

i) Attorneys appearing before the Department shall conform their conduct to the Illinois Code of Professional Responsibility, effective December, 1989, and as amended. Any failure to behave in a manner which permits the efficient functioning of the hearing will authorize the Administrative Law Judge to take the following actions:

- 1) limitation of evidence;
- 2) substitution of written argument in place of oral argument; or
- 3) exclusion of an attorney from the proceeding.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Lead Poisoning Prevention Code

- 2) Code Citation: 77 Ill. Adm. Code 845

- 3) Section Numbers: Proposed Action:

845.10	Amendment
845.12	Amendment
845.15	Amendment
845.20	Amendment
845.21	New Section
845.25	Amendment
845.26	Amendment
845.28	Amendment
845.30	Amendment
845.50	Amendment
845.Appendix A, Exhibit A	Amendment
845.Appendix A, Exhibit B	Amendment
845.Appendix A, Exhibit C	Repealer
845.Appendix B	Repealer
845.Appendix C	Amendment
845.Appendix F	New Section
845.Appendix G	New Section
845.Appendix H	New Section

- 4) Statutory Authority: 410 ILCS 45

- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking will implement an amendment to the Lead Poisoning Prevention Act to remove the mandate requiring all children under age seven to show proof of a blood test for lead poisoning prior to entry into day care, preschool, and kindergarten. Rather, all children would show proof of an assessment or a blood test screening. The Act also requires the Department to identify high risk and low risk geographic areas to further determine screening requirements. Children residing in high risk areas must have a blood test; children residing in low risk areas must be assessed to determine exposures to lead hazards. The Act also requires all clinical laboratory directors to report all results of blood lead tests. The information to be reported has been revised. A Section discussing methods used to investigate sources of lead poisoning has been added. A Section discussing X-Ray Fluorescence device readings and measurements has been repealed. A Section and appendix have been added to discuss Department procedures for giving out data. The Code is being revised to comply with the Act.

- 6) Will this Rulemaking Replace an Emergency Rule Currently in Effect? No

- 7) Does this Rulemaking Contain an Automatic Repeal Date? No

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- 8) Does this Rulemaking Contain any Incorporations by Reference? Yes

- 9) Are there any Other Proposed Amendments Pending on this Part? No

- 10) Statement of Statewide Policy Objectives: The Illinois Childhood Lead Poisoning Prevention Program seeks to identify children at risk of lead poisoning and provide primary prevention, education and follow-up services to treat the disease.

- 11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing within 45 days after this issue of the *Illinois Register* to:

Gail M. DeVito
Division of Governmental Affairs
Illinois Department of Public Health
535 West Jefferson Fifth Floor
Springfield, Illinois 62761
(217)782-6187

These rules may have an impact on small businesses. Any small business (as defined in the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

- 12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities, and Not-For-Profit Corporations Affected: Some private physicians and clinical laboratories may be affected.

B) Reporting, Bookkeeping or Other Procedures Required for Compliance: Lab reports of blood tests are required for compliance.

C) Types of Professional Skills Necessary for Compliance: Data entry or clerical skills may be necessary for reporting.

- 13) Regulatory Agenda on which this rulemaking was summarized: This rule was not included on either of the 2 most recent agendas because: The publication of this rulemaking was not anticipated at the time the Department filed its two most recent regulatory agendas.

The full text of the Proposed Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER P: HAZARDOUS AND POISONOUS SUBSTANCES

PART 845
LEAD POISONING PREVENTION CODE

- Section
- 845.10 Definitions
- 845.12 Incorporated Materials
- 845.15 Lead Screening
- 845.20 Reporting
- 845.21 Provision of Data
- 845.23 Laboratory Fees for Blood Lead Screening
- 845.25 Case Follow-Up
- 845.26 Inspection of Dwellings, Residential Buildings or Child Care Facilities
- 845.28 Lead Inspector, Risk Assessor, Worker, Contractor/Supervisor, and Contractor Licensing
- 845.29 Safety Guidelines for Workers Removing or Covering Leaded Soil
- 845.30 Mitigation or Abatement of Lead Hazards
- 845.31 Lead Abatement Contractor Responsibilities
- 845.32 Lead Contractor/Supervisor Responsibilities
- 845.33 Dwellings Not Requiring Abatement or Mitigation
- 845.40 Approval of Units of Local Government or Health Departments as Delegate Agencies to Administer and Enforce the Lead Poisoning Prevention Act
- 845.50 Permissible Limits of Lead in and about Dwellings, Residential Buildings or Child Care Facilities
- 845.60 Placarding of Dwellings (Repealed)
- APPENDIX A Instructions for Childhood Blood Lead Poisoning Reporting System
- EXHIBIT A Instructions for Completing the Laboratory Based Report of Childhood Lead Poisoning
- EXHIBIT B Instructions for Submitting the--Medical Follow-Up Data for Children With ~~of~~-Childhood Blood Lead Levels > of 15 mcg/dL
- EXHIBIT C Instructions for Reporting Information by Delegate Agencies on Environmental Inspection for Cases of 20 mcg/dL and Above (Repealed)
- APPENDIX B Testing for Lead in Paint by Portable X-Ray Fluorescence Lead in Paint Analyzer (XRF) (Repealed)
- APPENDIX C Diagrams of Building Components Testing--for--Lead--Using--a Spectrum Analyzer (Repealed)
- ILLUSTRATION A Inspection Forms and Diagram of Building Components (Repealed)
- APPENDIX D Recommended Setup and Use of a Negative Pressure System
- ILLUSTRATION A Examples of Negative Pressure Systems

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APPENDIX E Soil Sampling

APPENDIX F Childhood Lead Risk Assessment Questionnaire

APPENDIX G Information Agreement

APPENDIX H Childhood Lead Poisoning Assessment and Screening Algorithm

AUTHORITY: Authorized by and implementing by the Lead Poisoning Prevention Act [410 ILCS 45].

SOURCE: Adopted July 15, 1976; amended at 2 Ill. Reg. 43, effective October 23, 1978; rules repealed; new rules adopted and codified at 6 Ill. Reg. 14849, effective November 24, 1982; amended at 7 Ill. Reg. 7652, effective June 14, 1983; amended at 8 Ill. Reg. 8242, effective May 25, 1984; amended at 10 Ill. Reg. 5138, effective April 1, 1986; amended at 17 Ill. Reg. 1884, effective February 1, 1993; amended at 19 Ill. Reg. 238, effective December 31, 1994; amended at 20 Ill. Reg. _____, effective _____.

NOTE: In this Part, superscript numbers or letters are denoted by parenthesis; subscript are denoted by brackets.

Section 845.10 Definitions

"Act" means the Lead Poisoning Prevention Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 1301 et seq.) [410 ILCS 45].

"Assessment" means administration of the risk assessment questionnaire to the parent.

"Chemical Spot Test" means the use of sodium rhodizonate to obtain a qualitative determination of lead.

"Child" means a person under the age of 16.

"Child Care Facility" means any structure used by a child care provider licensed by the Department of Children and Family Services or public school structure frequented by children under 6 years of age. (Section 2 of the Act)

"Confirmed blood lead level" means that an elevated blood lead level is confirmed by a venous second blood lead test. A-confirmed-blood lead-test-for-levels-over-20-mcg/dl-is-a-venous-specimen-

"Defective Surface" means peeling, flaking, chalking, scaling or chipping paint; paint over crumbling, cracking or falling plaster or plaster with holes in it; paint over a defective or deteriorating substrate; or paint that is damaged or worn down in any manner such that a child can get paint from the damaged area.

"Delegate Agency" means a unit of local government or health

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department approved by the Department to carry out the provisions of the Lead Poisoning Prevention Act. (Section 2 of the Act)

"Department" means the Department of Public Health of the State of Illinois. (Section 2 of the Act)

"Director" means the Director of the Department of Public Health of the State of Illinois.

"Dwelling" means any structure all or part of which is designed or used for human habitation. (Section 2 of the Act)

"Elevated results" means a blood lead test result of 10 micrograms/deciliter or higher.

"Encapsulant" means any liquid applied product which covers, seals, or encapsulates a lead-based painted surface in a manner which is designed to reduce human exposure to lead.

"Exposed Surface" means any interior or exterior surface of a dwelling or residential building. (Section 2 of the Act)

"Health Care Provider" means any person providing health care services to children, who is authorized pursuant to the Clinical Laboratory Act to request the testing of specimens, but does not include dentists. "Health Care Provider" includes podiatrists and physicians other than those licensed to practice medicine in all its branches.

"HEPA Vacuum Equipment" means vacuuming equipment with a high efficiency particulate air filter capable of trapping and retaining 99.97 percent of particles greater than 0.3 micrometers in mass median aerodynamic equivalent diameter.

"Intact surface" means a surface with no loose, peeling, chipping or flaking paint. Intact surfaces that are painted must be free from crumbling, cracking or falling plaster and should not have any holes. Intact surfaces must not be damaged or worn down in any way that would make paint from the damaged area accessible to children.

"Lead Abatement" means any activity that will result in the removal of windows, walls, floors, ceilings or exterior surfaces which may result in the creation of a hazardous level of leaded chips, flakes, dust or any other form of leaded substance that can be ingested or inhaled during such activity.

"Lead Abatement Contractor/Supervisor" means any person employed by a lead abatement contractor and licensed by the Department to perform lead abatement and mitigation, and supervise lead abatement workers

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who perform lead abatement and mitigation.

"Lead Bearing Substance" means any dust on surfaces or in furniture or other nonpermanent elements of the dwelling and any paint or other surface coating material containing more than five-tenths of one percent (0.5%) lead by weight (calculated as lead metal) in the total nonvolatile content of liquid paint. The term "lead bearing substance" also includes lead bearing substances containing greater than one milligram per square centimeter or any lower standard for lead content in residential paint as may be established by federal law or regulation; or more than 1 milligram per square centimeter in the dried film of paint or previously applied substance; or object containing lead in excess of the amount specified in this Part or a lower standard for lead as may be established by federal regulation. (Section 2 of the Act)

"Lead Hazard" means a lead bearing substance that poses an immediate health hazard to humans. (Section 2 of the Act)

"Lead Inspector" means an individual who has been trained by a Department approved training program to conduct inspections, sample for the presence of lead in dust and soil, and conduct abatement Clearance testing.

"Lead Management Plan" means a written statement that describes how an intact surface with lead-based paint will be monitored to assure that, if the intact surface becomes defective, the defective surface will be abated or mitigated.

"Lead Mitigation" means the remediation of a lead hazard so that the lead bearing substance does not pose an immediate health hazard to humans. A lead hazard is deemed to have been mitigated if the surface that is the source of the lead hazard is no longer in a condition that produces a hazardous level of leaded chips, flakes, dust or any other form of leaded substances, that can be ingested or inhaled by humans; or if the leaded surface is accessible to children, the surface coating is covered or the access to the leaded surface by children is otherwise prevented.

"Lead Poisoning" means the conditions of having blood lead levels in excess of those considered safe under this Part (see "permissible limits") and federal rules and regulations. (Section 2 of the Act)

"Lead Risk Assessor" means an individual who has been trained by a Department approved training program to conduct risk assessments, sample for the presence of lead in dust and soil and conduct abatement Clearance testing.

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"Local Health Department" means the health department or board of health as recognized by the Department which has jurisdiction over the particular geographical area in which the person lives.

"Notice" means any written notification, as specified in this Part, to be issued by the Department or a delegate agency.

"Occupant" means any person who lives in a dwelling as defined in this Part.

"Owner" means any person, who alone, jointly or severally with others:

Has legal title to any dwelling or residential building, with or without accompanying actual possession of the dwelling or residential building, or

Has charge, care or control of the dwelling or residential building as owner or agent of the owner, or as executor, administrator, trustee, or guardian of the estate of the owner. (Section 2 of the Act)

"Permissible limits" for reporting purposes means a confirmed blood lead level (PbB) of less than 10 micrograms/deciliter (mcg/dL mcg/dL) of whole blood in a child under age 16 years, less than 10 mcg/dL mcg/dL for a pregnant or breast-feeding woman and less than 25 mcg/dL mcg/dL for all other persons.

"Person" means any one or more natural persons, legal entities, governmental bodies, or any combination.

"Residential Building" means any room, group of rooms, or other interior areas of a structure designed or used for human habitation; common areas accessible by inhabitants; and the surrounding property or structures. (Section 2 of the Act)

"Screening" means a blood lead testing by venous or capillary methodology.

"STELLAR" means the Systematic Tracking of Elevated Lead Levels and Remediation software developed and provided by the Centers for Disease Control and Prevention for local agencies to use in tracking lead poisoning cases.

"Training Hour" means at least 50 minutes of actual teaching, including time devoted to lecture, learning activities, small group activities, demonstrations, evaluations, and/or hands-on experience.

"Work Area" means exterior areas where lead abatement activities are

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conducted.

"Work Site" means the room or rooms undergoing lead abatement activities in a single family dwelling or the room or rooms and common area of a residential building.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 845.12 Incorporated Materials

a) The following materials are incorporated by reference in this Part:

- 1) Occupational Safety and Health Administration (OSHA) Lead Standard 1910.1025 and 29 CFR 1926.62 (1993);
 - 2) Department of Housing and Urban Development (HUD) Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing (June 1995) ~~Interim Guidelines for Hazard Identification and Abatement in Public and Indian Housing Revised Chapters 5-8, 9, 10 and 11 (1994);~~
 - 3) Occupational Safety and Health Administration (OSHA) regulations at 29 CFR 1910.1001 and 29 CFR 1926.62 (1993);
 - 4) OSHA Interim Final Rule for Lead in Construction - 29 CFR 1926.62.
- b) All incorporations by reference of federal regulations or standards and the standards of nationally recognized organizations refer to the regulation or standard on the date specified and do not include any additions or deletions subsequent to the date specified.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 845.15 Lead Screening

- a) Every physician licensed to practice medicine in all its branches or health care provider shall screen children 6 months through to 6 years of age for lead poisoning (Section 6.2 of the Act), using a blood lead measurement in accordance with the following criteria for children residing in high risk areas groups. Physicians and health-care providers shall screen children with the following risk factors. Children residing in low risk areas shall be assessed for their risk for lead exposure by providing the information contained in the Childhood Lead Risk Assessment Questionnaire (Appendix F).

- 1) Children determined to be at high risk based upon an assessment shall have a blood lead measurement.
- 2) Children who reside in a high risk area shall have a blood lead measurement.
- 3) Children who have elevated screening results have follow-up testing consistent with the algorithm attached (Appendix H).

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- 4) Elevated capillary results 10 mcg/dL and above shall be confirmed by a venous sample.
 - 1) Children age six months through six years who live in or are frequent visitors to older housing with chipped peeling or powdering paint.
 - 2) Children age six months through six years who are siblings visitors or playmates of children with known lead poisoning or who are occupants of the same residential buildings as children with known lead poisoning.
 - 3) Children under the age of six years who live in older homes built prior to 1978 which have been renovated or remodeled.
 - 4) Children age six months through six years who live near lead smelters or other lead industries or whose parents or other household members participate in lead related occupations or hobbies.
 - 5) Children age six months through six years who live near major highways or hazardous waste sites where lead is a major pollutant.
- b) Each licensed, registered, or approved health care facility serving children from 6 months through to 6 years of age, including but not limited to, health departments, hospitals, clinics, and health maintenance organizations approved, registered or licensed by the Department shall take the appropriate steps (referral of children with identified risk factors as defined in Appendix F subsection (a) above to a physician or health care provider) to ensure that patients receive lead poisoning screening, where medically indicated or appropriate, consistent with the risks factors in the Childhood Lead Risk Assessment Questionnaire (see Appendix F). Subsections (a) through (f) above (Section 6.2 of the Act) Patients are those children receiving complete health care provided by the approved health care facility.
- c) Physicians and health care providers may assess screen children seven 6 years of age and older in accordance with the Risk Assessment questionnaire (see Appendix F). Following criteria for high-risk groups:
- 1) Children who while under age six years lived in or frequently visited housing built prior to 1978 in which there was chipped peeling or powdering paint.
 - 2) Children whose younger siblings have been diagnosed with lead poisoning and meet the conditions of subsection (c) above.
 - 3) Children who are occupants of the same residential building as a child with known lead poisoning.
 - 4) Children who while under age six years lived near or still live near smelting plants or other lead industry or near major highways.
 - 5) Children who lived in an older home during remodeling or renovation.
- d) By January 1, 1993, each day care center, day care home, preschool,

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- nursery school, kindergarten, or other child-care facility, licensed or approved by the State, including such programs operated by a public school district, shall include a requirement that each parent or legal guardian of a child between the ages of 6 months through 6 years provide a statement from a physician or health care provider that the child has been screened or assessed for lead poisoning. This statement shall be provided prior to admission and subsequently in conjunction with physical examinations required by Section 665.140 of the Department's rules entitled Child Health Examination Code (77 Ill. Adm. Code 665). (Section 7.1 of the Act)
- e) Nothing in this Part shall be construed to require any child to undergo a lead blood level screening or test whose parent or guardian objects to such screening on the grounds that the screening or test conflicts with his or her religious beliefs. (Section 7.1 of the Act)

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 845.20 Reporting

- a) The Department requires the following persons and facilities to report to the Department all blood lead levels (PbB) in excess of the permissible limit:
- 1) Every physician who diagnoses, or health care provider, nurse, hospital administrator, or public health officer who has verified information of diagnoses any person who has to have a level of lead in the blood in excess of the permissible limits, as defined in Section 845.10, is required to report pursuant to this Section, starting with a confirmed lead level of 10 micrograms/per deciliter (mcg/dL mcg/dL). (Section 7 of the Act) If the analysis has been performed at the State laboratory, or the provider has ascertained that the clinical laboratory where specimens are processed electronically reports all blood lead level results to the Department, then duplicate reporting of elevated levels is not required.
 - 2) Directors of clinical laboratories who have verified information of any level of lead in the blood are required to report the results to the Department within 48 hours. A nurse, hospital administrator, director of a clinical laboratory or public health officer who has verified information of the existence of any person found or suspected to have a level of lead in the blood in excess of the permissible limits. Verification information shall consist of the a-confirmed blood lead level in excess of the permissible limits and shall include the name, address, date of birth, sex, race, blood-lead-level, date of test, test type, date of report, physician and/or clinic with address, and the reporting agency. (Section 7 of the Act)
- b) Reports required pursuant to this Section shall be made to the

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Department and all reported information, including the source of such information, received by the Department shall be considered confidential in nature. Any information submitted to a laboratory at the request of the Department and in accordance with this Part shall be treated as confidential by the laboratory which receives the information on behalf of and as required by the Department. The reported information under this Part shall be confidential and subject to good faith immunity in accordance with Part 21 of Article VIII of the Code of Civil Procedure [735 ILCS 5/Art. VIII, Part 21] and the Communicable Disease Report Act [745 ILCS 45]. It is the right, however, of any patient to obtain their own data.

c) Reports required pursuant to this Section shall be submitted within 48 ~~forty-eight~~ hours of receipt of verification thereof. Methods of submission can include written or electronic reporting as detailed in Section 845. Appendix A. Reports so submitted shall be considered received by the Department upon entry into the Data Processing system of the Department.

d) Reports of blood lead levels ~~in excess of the permissible limit~~ shall be on a form or in a format provided by the Illinois Department of Public Health (See Appendix A).

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 845.21 Provision of Data

a) All reports issued by the Department, which are aggregated to make it impossible to identify any patient, reporting entity, or primary care giver shall be made available to the public pursuant to the Freedom of Information Act.

b) All requests by medical or epidemiologic researchers for confidential data must be submitted in writing to the Department. The request must include a study protocol which contains: objectives of the research; rationale for the research including scientific literature justifying current proposal; overall study methods, including copies of forms, questionnaires, and consent forms used to contact facilities, physicians or study subjects; including methods for documenting compliance with 42 CFR 2a.4(a) through (j), 2a.6(a) and (b), 2a.7(a) and (b)(1); methods for the processing of data; storage and security measures taken to insure confidentiality of patient identifying information; time frame of the study; a description of the funding source of the study (e.g., federal contract); the curriculum vitae of the principal investigator and list of collaborators. In addition, the research request must specify what patient identifying information is needed and how the information will be used. Identifying information concerning the reporting entity will not be made available by the Department. Identifying information is defined as any information, collection, or groups of data from which the identity of

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the patient or reporting entity to which it relates may be discerned, e.g., name, address or ID number.

c) All requests to conduct research and modifications to approved research proposals involving the use of data which includes patient identifying information shall be subject to a review to determine compliance with the following conditions:

- 1) The request for patient identifying information contains stated goals or objectives;
- 2) The request documents the feasibility of the study design in achieving the stated goals and objectives;
- 3) The request documents the need for the requested data to achieve the stated goals and objectives;
- 4) The requested data can be provided within the time frame set forth in the request;
- 5) The request documents that the researcher has qualifications relevant to the type of research being conducted;
- 6) The research will not duplicate other research already underway using the same data when both request the contact of a patient involved in the previously approved concurrent research; and
- 7) Other such conditions relevant to the need for the patient identifying information and the patient's confidentiality rights because the Department will only release the patient identifying information that is necessary for research.

d) The Director or his designee will review the request and approve or deny the request. The Information Agreement (Section 845. Appendix G) must contain the signatures of the Director and the applicant before data can be provided. Reasons for denial may include the following:

- 1) if security measures are unsatisfactory in the opinion of the Department;
- 2) if data requested is unavailable or unreliable in the opinion of the Department;
- 3) if the stated purpose does not meet the Department's mission statement;
- 4) if the Department is unable to provide the data in the requested format;
- 5) if the applicant is not an accredited or licensed research institution, a government agency, legislative commission, or other organization with the ability to conduct research such as a university research center or private research firm; or
- 6) if the information cannot be provided by the requested date.

e) Denied requests may be revised and resubmitted.

f) Information Agreements

1) The Department will enter into information agreements for all approved research requests. These agreements shall specify the information that is being released and how it can be used in accordance with the standards in subsection (c) of this Section. In addition, the researcher shall include an assurance that:

- A) use of data is restricted to the specifications of the

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protocol;

- B) any and all data which may lead to the identity of any patient, research subject, physician, other person, or hospital is strictly privileged and confidential and the researcher agrees to keep all such data strictly confidential at all times;
- C) all officers, agents and employees will keep all such data strictly confidential, will communicate the requirements of this Section to all officers, agents and employees, the researcher will discipline all persons who may violate the requirements of this Section, and will notify the Department in writing within 48 hours of any violation of this Section, including full details of the violation and corrective actions to be taken;
- D) all data provided by the Department pursuant to the agreement may only be used for the purposes named in the agreement and that any other or additional use of the data may result in immediate termination of the agreement by the Department;
- E) all data provided by the Department pursuant to the agreement is the sole property of the Department and may not be copied or reproduced in any form or manner and the researcher agrees to return all data and all copies and reproduction of the data to the Department upon termination of the agreement.
- 2) Any departures from the approved protocol must be submitted in writing and approved by the Director or his designee in accordance with subsections (c) and (d) of this Section prior to initiation. No identifying information may be released by a researcher to a third party.
- g) Upon request, the Department shall disclose individual patient or reporting entity information to the reporting entity, which originally supplied that information to the Department.
- h) The Department, by signed and reciprocating agreement, may disclose individual patient information concerning residents of another state to the Childhood Lead Poisoning Prevention Program in the individual's state of residence only if the recipient of such information is legally required to hold such information in confidence and provides protection from disclosure of patient identifying information equivalent to the protection afforded by the Illinois law.
- i) The identity of any person (or any group of facts that tends to lead to the identity of any person) whose blood test result is submitted to the Illinois Childhood Lead Poisoning Prevention Program is confidential and shall not be open to public inspection or dissemination. Such information shall not be available for disclosure, inspection or copying under the Freedom of Information Act or the State Records Act. All information for specific research purposes may be released in accordance with procedures established by

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the Department in this Section.

AGENCY NOTE: The patient identifying information submitted to the Department by those entities required to submit information under the Act and this Part is to be used in the course of medical study under Part 21 of Article 8 of the Code of Civil Procedure. Therefore, this information is privileged from disclosure by Part 21 of Article 8 of the Code of Civil Procedure.

(Source: Added at 20 Ill. Reg. _____, effective _____)

Section 845.23 Laboratory Fees for Blood Lead Screening

- a) The fee schedule for a sample of blood submitted to the Department for blood lead analysis and necessary follow-up shall be \$25-00. The fee shall be assessed to the provider who submits the sample. Statements of fee assessment shall be mailed to the submitter of the specimens on a monthly basis. Payment and/or appropriate information as required in subsections (b) and (c) of this Section shall be submitted to the Department upon receipt of the monthly statement.
- b) The Medicaid Recipient Identification Number may be provided for those Medicaid eligible recipients in lieu of payment.
- c) Medically indigent recipients shall be those recipients with family incomes under 185% of the federal poverty guidelines, not eligible for Medicaid, and screened by local health departments, Rural Health Clinics, Federally Qualified Health Centers and facilities designated by the Department of Health and Human Services as look-alike Federally Qualified Health Centers. No fee shall be charged for these recipients.
- d) Fees collected from the Department's testing service shall be placed in a special fund in the State Treasury known as the Lead Poisoning Screening, Prevention and Abatement Fund.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 845.25 Case Follow-Up

- a) The delegate agency shall conduct interviews with the parent or guardian of cases or attending physicians as needed to assure the accuracy and completeness of reports and to perform the activities of case follow-up for confirmed elevated blood lead levels above 15 mcg/dL mcg/dL.
- b) The delegate agency shall perform the following activities concerning patient or case follow-up:
- 1) trace the case;
 - 2) counsel the parent or guardian of the case;
 - 3) educate the parent or guardian of the case;
 - 4) interview the parent or guardian of the case for purposes of

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collecting, verifying or completing the information identified in Appendix A, Exhibit A and Exhibit B of this Part;

5) refer the parent or guardian of the case for medical treatment when appropriate; and

6) submit completed reports to the Department as specified in the agreement between the delegate agency and the Department.

c) *Any delegate agency may establish fees, according to a reasonable fee structure, to be determined by the delegate agency, to cover the costs of drawing blood for blood lead screening and any necessary follow-up.* (Section 7.2 of the Act) Necessary follow-up includes individual case management and environmental management. Fees may not be charged to Medicaid recipients in accordance with Federal regulations.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 845.26 Inspection of Dwellings, Residential Buildings or Child Care Facilities

a) A representative of the Department or delegate agency may, after notification that a child who is an occupant or frequent inhabitant of a dwelling, child care facility, or residential building is found to have a confirmed blood lead level of 20 mcg/dL mcg/dL or higher, inspect the dwelling, residential building, or child care facility for the purpose of determining the source of lead poisoning. In the following cases, an environmental inspection and follow-up shall be conducted by the Department or delegate agency:

1) a child receiving chelation therapy for lead poisoning whose physician requests an inspection to determine if the child should be removed from the dwelling or residential building due to a lead hazard;

2) a child with confirmed lead poisoning at or above 20 mcg/dL mcg/dL, at the request of the Department of Children and Family Services;

3) a child with confirmed lead poisoning at or above 25 mcg/dL 45 mcg/dL. An environmental inspection is also recommended for each case in which a child has confirmed lead poisoning at or above 20 mcg/dL mcg/dL; or

4) a child with a persistent blood lead level of 15-24 mcg/dL mcg/dL over a six-month period.

b) An inspection of dwellings, residential buildings or child care facilities to determine the source of lead poisoning as required by this Section shall consist of, at a minimum, the following:

1) An interview with the owner or occupant about dwelling or facility use patterns and potential lead hazards including inquiries regarding:

- A) improperly glazed pottery;
- B) ethnic or folk medicines.

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C) hobbies and occupations;

D) other dwellings;

E) international travel;

2) A visual assessment of the condition of the building, appurtenant structures and painted surfaces; and

3) Environmental sampling of deteriorated paint and dust based upon subsections (b)(1) and (2) of this Section.

c) Sampling shall be conducted by at least one of the following methods or a combination thereof:

- 1) X-Ray fluorescence device readings taken according to manufacturer's instructions;
- 2) Dust wipes samples taken for laboratory analysis;
- 3) Paint samples taken for laboratory analysis;
- 4) Soil samples taken for laboratory analysis (Samples may be taken at the discretion of the licensed lead inspector.);
- 5) Water samples taken for laboratory analysis (Samples may be taken at the discretion of the licensed lead inspector.).

db) Following an inspection, the Department or its delegate agency shall:

- 1) Prepare an inspection report which shall:
 - A) State the address of the dwelling unit;
 - B) Describe the scope of the inspection, the inspection procedures used, and the method of ascertaining the existence of a lead bearing substance in the dwelling unit;
 - C) State whether any lead bearing substances were found in the dwelling unit;
 - D) Describe the nature, extent, and location of any lead bearing substance that is found;
 - E) State either that a lead hazard does exist or that a lead hazard does not exist. If a determination is made that a lead hazard does exist, the report shall describe the source, nature and location of the lead hazard. The existence of intact lead paint does not alone constitute a lead hazard for the purposes of this Section;
 - F) Give the name of the person who conducted the inspection and the person to contact for further information regarding the inspection and the requirements of this Part and the Act.
- 2) Mail or otherwise provide a copy of the inspection report to the property owner and to the occupants of the dwelling unit. If a lead bearing substance is found, the Department or its delegate agency shall attach a brochure containing information on lead abatement and mitigation to the copy of the inspection report provided to the property owner and the occupants of the dwelling unit. (Section 8 of the Act)

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 845.28 Lead Inspector, Risk Assessor Worker, Contractor/Supervisor,

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and Contractor Licensing

a) A person shall be licensed by the Department prior to engaging in lead inspection and compliance sampling activities. After October 31, 1997, a person shall be licensed by the Department, in accordance with subsection (g) of this Section, prior to engaging in risk assessor activities. The Department shall issue a Lead Inspector's License to qualified applicants. In order to qualify, an applicant shall:

- 1) be at least 18 years of age;
- 2) attend a Department approved course, in accordance with subsection (f) of this Section, and pass the examination administered at the conclusion of the course;
- 3) submit a recent 1" x 1" photograph of applicant for proper identification of the licensee. The license shall not be issued without an identification photograph;
- 4) attend a three day Department-approved course, in accordance with subsection (f)(2) of this Section; and
- 5) submit to the Department the required fee.

b) Application. Each person desiring licensure as a lead inspector or risk assessor shall make application to the Department on forms provided by the Department. Each application for a lead inspector's license shall be accompanied by a \$100 \$100-\$00 nonrefundable fee, and a certificate verifying satisfactory completion of a

Department-approved lead inspector training course within one year prior to application for a lead inspector license. In addition to the application requirements for a lead inspector's license, an application for the risk assessor's license shall include a \$100 non-refundable fee and a certificate verifying satisfactory completion of a Department-approved risk assessor training course within one year prior to application. Employees of the Illinois Department of Public Health, a delegate agency, or a local health department shall be exempt from licensure fees when such employees' licenses are used only for purposes related to employment at the above-mentioned agencies.

c) Reciprocity. Each applicant for licensure who is licensed or certified as a lead inspector for lead inspection or risk assessor in another state may request reciprocal licensure. The Department shall evaluate the requirements for licensure in such other state and shall issue the license if the Department determines that the requirements for licensure in such other state are equal to or greater than the requirements for licensure in Illinois. Each applicant for licensure pursuant to this Section shall submit an application accompanied by a nonrefundable fee of \$100 \$100-\$00.

d) All licenses shall be renewed annually. All licenses shall expire on January 31 of each year, except licenses issued after October 31 and before February 1 shall expire on the next following January 31. The licensee shall be charged a nonrefundable fee of \$15 \$15-\$00 for the issuance of a duplicate license.

e) Renewal of License. Any license issued pursuant to these rules may be

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renewed if the licensee submits the application and a \$100 \$100-\$00 nonrefundable fee as required by subsection (a)(5) of this Section and has a certificate of completion of a Department-approved one day (8 hour) lead inspector or risk assessor refresher course. The refresher course content shall be the same as that indicated in subsection (f) of this Section for the inspector's license or subsection (j) of this Section for the risk assessor's license below. If a renewal application is received after January 1, the applicant shall pay a nonrefundable late fee of \$15 \$15-\$00 in addition to the renewal fee of \$100 \$100-\$00. An applicant whose license ~~licensure~~ has been expired for a period less than 2 years may apply to the Department for reinstatement of his license. The Department shall issue such renewed license provided the applicant pays to the Department all lapsed license fees, plus a reinstatement fee of \$15 \$15-\$00. A license which has been expired for more than 2 years may be restored only by submitting a new application as specified in subsection (b) of this Section and successfully passing an approved lead inspection training course for a lead inspector's license and the additional risk assessor training course for a risk assessor's license and ~~reapplying~~.

f) Approved Course Content. All lead inspectors shall have taken a qualifying training course which meets the requirements set out in this subsection and shall have received a certificate of completion. A training course in lead inspection shall:

- 1) Receive approval from the Department; and
- 2) Provide at least a three day course (equivalent to 24 hours of instruction) for individuals without experience as required in this Section, two days of which are dedicated to the topics specified in subsections (f)(2)(C), (E) and (f)(2)(F) of this Section:

- A) health effects of lead exposure;
- B) requirements of regulations and standards established by the Department;
- C) lead sampling techniques;
- D) chemistry related to the lead abatement industry;
- E) construction techniques;
- F) inspection and clearance sampling techniques as described in Appendices B and E; and
- G) safety.

g) ~~Licensed lead inspectors may use inspection forms and methods specified in Appendices B and E and illustration A in Appendix C of this Part.~~

g) The Department shall issue a risk assessor's license to qualified applicants. In order to qualify, an applicant shall:

- 1) Comply with the requirements for the lead inspector's license specified in subsections (a)(1) through (5) of this Section. The Department may approve a third party examination (e.g., an examination required by federal law under 40 CFR 745) for any license required by Section 945.28 for lead abatement or

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- mitigation services.
- 2) Attend a two-day Department-approved risk assessor training course that covers the curriculum specified in subsection (i) of this Section.
 - 3) Possess, at a minimum, one of the following combinations of education and experience:
 - A) A bachelor's degree and one year of experience in a related field (e.g., lead, asbestos, or environmental remediation work); or
 - B) Certification as an industrial hygienist, professional engineer, registered architect or certification in a related engineering/health/environmental field (e.g., safety professional, environmental scientist); or
 - C) A high school diploma (or equivalent), and at least three years of experience in a related field (e.g., lead, asbestos, or environmental remediation work).
 - h) A training course in lead risk assessment shall receive approval from the Department when the following criteria have been met:
 - 1) A training manager who is responsible for compliance with all requirements in this Section has been designated;
 - 2) A principal instructor has been designated;
 - 3) The responsibilities of the training manager and principal instructor are described;
 - 4) Documentation of the qualifications of the training manager and principal instructor is provided;
 - 5) Adequate facilities for classroom and field hands-on training are specified;
 - 6) A minimum of 16 hours, in not less than two days, with a minimum of 4 hours of hands-on instruction are provided;
 - 7) A final exam with criteria for pass/fail is administered;
 - 8) A certificate of completion with name/address/phone of provider and student information is submitted to the Department after course completion;
 - 9) A qualify control plan to improve the course is provided;
 - 10) Copies of student and instructor manuals and course agenda are included;
 - 11) A class schedule is included;
 - 12) Assurance to the Department that a lead inspector certificate of completion is required of each applicant as a prerequisite for course attendance;
 - 13) Payment of the required application fee as specified in subsection (l) of this Section.
 - i) The curriculum for the initial risk assessor training course shall include the following:
 - 1) Role and responsibilities of the risk assessor;
 - 2) Collection of background information to perform a risk assessment;
 - 3) Sources of environmental lead contamination (paint surface dust

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- and soil, water, air, packaging, and food);
- 4) Visual inspection procedures for the purpose of identifying potential sources of lead-based paint hazards;
 - 5) Lead hazard screening protocol;
 - 6) Sampling for sources of lead exposure;
 - 7) Interpretation of lead-based paint and other lead sampling results, including all applicable State and federal guidance pertaining to lead-based paint hazards;
 - 8) Development of hazard control options, the role of interim controls, and operations and maintenance activities to reduce lead-based paint hazards; and
 - 9) Preparation of a final risk assessment report.
- j) A refresher training course in risk assessment shall receive approval from the Department when the following criteria have been met:
- 1) Cover the same topics as the full length course specified in subsection (i) of this Section, plus current safety practices, current laws and regulations, and current technologies;
 - 2) Be at least 8 hours long;
 - 3) Provide a hands-on assessment and a course test;
 - 4) Apply concurrently for approval with the initial lead inspector course; or
 - 5) Submit the information contained in subsection (h)(1) through (10) except (6) in a written application to the Department.
- k) Suspension, revocation, or denial of training courses. The Department may suspend, revoke or deny approval of any lead training course for the following reasons:
- 1) Misrepresentation of the contents of a training course to the Department and/or the student population;
 - 2) Failure to submit required information or notifications in a timely manner;
 - 3) Failure to maintain required records;
 - 4) Falsified records, instructor qualifications, or other related information or documentation;
 - 5) Failure to comply with the training standards and requirements in this Section;
 - 6) Failure to comply with federal, State, or local lead-based paint statutes or regulations.
- l) Application fees for approval and renewal of lead training courses:
- 1) All current Department approved lead training courses will expire on October 15, 1997.
 - 2) After October 15, 1997, all initial lead training course application fees will be \$200 per discipline and all lead refresher training course application fees will be \$100 per discipline.
 - 3) Approvals for lead training courses shall be issued for one year. Applications for renewal of all lead training courses must be received, with fees, by September 15 of each year. If the renewal application is received after September 15 the late fee

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is \$50 for each late training course application.

- 4) Application fees for all lead training courses, effective October 15, 1998, will be:

- A) Initial training course for all disciplines, \$500 per course.
- B) Refresher training course for all disciplines, \$250 per course.
- C) Late fees for all disciplines, \$50 per course.

m)†† Lead Worker and Contractor/Supervisor Licensing. A lead worker or lead contractor/supervisor shall be licensed by the Department prior to engaging in lead abatement or mitigation activities. Such licenses are nontransferable and shall be available at the lead abatement contractor's primary place of business for inspection by the Department or delegate agency.

n)†† The Department shall issue a Lead Worker License or Lead Contractor/Supervisor License to qualified applicants who comply with the requirements of subsections (a)(1), (3), and (5) of this Section. In addition, applicants shall attend a Department-approved course, in accordance with subsections (s)††(2)(A) through (K) of this Section for lead workers and subsections (s)††(2) and (3) of this Section for contractors/supervisors and shall pass the examinations administered at the conclusion of the course.

o)†† Application. Each person desiring licensure as a lead worker or lead contractor/supervisor shall make application to the Department on forms or in a format provided by the Department. Each application shall be accompanied by a nonrefundable fee of \$25-00 for a Lead Worker License or \$50-00 for a Lead Contractor/Supervisor License, and a certificate verifying completion of a Department-approved course, within one year prior to application, except as provided in this subsection. Employees of the Department, a delegate agency, or a local health department shall be exempt from licensure fees when such employee's license is used only for purposes related to employment at the above-mentioned agencies. A course taken after 1991 may qualify an applicant for licensure, provided the course is determined by the Department to be substantively equivalent to the requirements for approved course content specified in subsection (s)†† of this Section. After July 1, 1995, only Department-approved training courses will be accepted for application for licensure.

p)†† Reciprocity. Each applicant for licensure who is licensed or certified as a lead worker or lead contractor/supervisor in another state may request reciprocal licensure. The Department shall evaluate the requirements for licensure in such other state and shall issue the license if the Department determines that the requirements for licensure in such other state are equal to or greater than the requirements for licensure in Illinois. Each applicant for licensure pursuant to this subsection shall submit an application, on forms or in a format provided by the Department, accompanied by a nonrefundable fee of \$25-00 for a Lead Worker License and \$50-00 for a Lead

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Supervisor/Contractor License.

q)†† Renewal of License. All Lead Worker and Lead Contractor/Supervisor Licenses shall be renewed annually. All licenses shall expire on March 31 of each year, except licenses issued after December 31 and before April 1 shall expire on the next following March 31. Any current license issued pursuant to this Section may be renewed if the licensee submits, prior to March 1, a renewal application on forms or in a format provided by the Department; a nonrefundable fee of \$25-00 for a Lead Worker License or \$50-00 for a Lead Contractor/Supervisor License; and a certificate verifying completion, within one year prior to application for renewal, of a Department-approved one day (8 hour) refresher course content shall be the same as that indicated in subsection (s)††(2) for a Lead Worker License or subsections (s)††(2) and (3) for a Lead Contractor/Supervisor License. If a renewal application is received after March 1, the applicant shall pay a nonrefundable late fee of \$15-00, in addition to the license renewal fee. An applicant whose license has been expired for a period of two years or less may apply to the Department for reinstatement of his license. The license shall be reinstated if the applicant submits to the Department a certificate verifying completion of the required type and number of refresher courses for the license category, all lapsed license fees, and a nonrefundable reinstatement fee of \$15-00. A license that has been expired for more than two years is not eligible for renewal. In such instances, the formerly licensed individual desiring to become licensed again shall follow the application procedures specified in subsection (n) †† of this Section.

r)†† Duplicate License. A duplicate license shall be issued to a currently licensed lead worker, contractor/supervisor, or contractor upon submittal of a \$15-00 nonrefundable duplicate license fee.

s)†† Approved Course Content. All lead workers or lead contractor/supervisors shall have taken a Department-approved training course which meets the requirements set out in this subsection and shall have received a certificate of completion upon passing the examination administered at the conclusion of the course. A training course for lead workers and lead contractor/supervisors shall:

- 1) Receive approval from the Department; and
- 2) Provide at least a minimum three-day course (equivalent to 24 hours) for the instruction of individuals who desire to be licensed as lead workers and a four-day course (equivalent to 32 hours) for individuals who desire to become licensed as lead contractor/supervisors. The three-day course shall be dedicated to the following topics:

- A) History of Lead;
- B) Health Effects of Lead Exposure;
- C) Medical Surveillance of Lead Poisoned Individuals;
- D) Legal Rights and Responsibilities;
- E) Personal Protective Equipment;

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- F) Safety Problems;
 G) Abatement Methods and Work Problems;
 H) Decontamination;
 I) Clean-up and Disposal Procedures;
 J) Lead Monitoring and Tests; and
 K) Hazard Communication.
- 3) In addition to subsections (S)(7)(2)(A) through (K) of this Section, a lead contractor/supervisor shall complete a lead contractor/supervisor supplemental course, which shall consist of an additional eight hours (one day) of training, and shall pass the examination administered at the conclusion of the course. The supplemental training course for lead contractor/supervisors shall be dedicated to the following topics:

- A) Lead Inspection;
 B) Supervisory Techniques;
 C) Occupational Safety and Health Administration (OSHA) Lead Standard 1910.1025 and 29 CFR 1926.62 (1993);
 D) Department of Housing and Urban Development (HUD) Guidelines, Lead-Based Paint: Interim Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing (June 1995) ~~for Hazard Identification and Abatement in Public and Indian Housing, Revised Chapters 57-07-97-10 and 11(1994).~~

t) The Department shall prepare and maintain a list of licensed lead abatement contractors.

- 1) Requirements of License. An applicant for a lead abatement contractor license shall submit the following to the Department:

- A) an application on a form or in a format provided by the Department;
 B) a \$500-00 nonrefundable licensure fee;
 C) a certificate of financial responsibility documenting that the contractor carries liability insurance, self insurance, group insurance, group self insurance, a letter of credit, or a bond in the amount of at least \$250,000 for work performed pursuant to the Lead Poisoning Prevention Act and Lead Poisoning Prevention Code. The contractor shall notify the Department of any changes in the status of the certificate of financial responsibility, including expiration, renewal or alteration of the terms of the certificate. The certificate of financial responsibility shall be an original and shall expressly provide coverage for lead abatement. A photocopy or facsimile copy is not acceptable. The certificate shall be issued by an insurance company that is authorized to transact business in Illinois. A current certificate of insurance shall be on file with the Department at all times;

- D) a copy of a valid Contractor/Supervisor's License issued to either the contractor or the contractor/supervisor employed

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- by the contractor;
- E) a written statement signed by the contractor specifying that only lead workers licensed by the Department will be employed for lead abatement;
- F) a copy of the contractor's written standard operating procedures and employee protection plan, which shall include specific references to medical monitoring and respirator training programs required in OSHA regulations at 29 CFR 1910.1001 and 29 CFR 1926.62 (1993);
- G) a description of all legal proceedings, lawsuits or claims which have been filed or levied against the contractor or any of his past or present employees or companies in regard to construction related activities.
- 2) Reciprocity. An applicant for a contractor's license who is licensed or certified for lead contracting in another state may request reciprocal licensure. The Department shall evaluate the requirements for licensure in such other state and shall issue the license, if the Department determines that the requirements for licensure in such other state are equal to the requirements for licensure in this State. Each applicant for licensure pursuant to this subsection shall submit a one time application fee of \$250-00 nonrefundable and an additional \$500-00 nonrefundable license fee if qualified for licensure.
- 3) Renewal of License. All contractor licenses shall be renewed annually. All licenses shall expire on May 31 of each year. If a renewal application is received after April 30, the applicant shall pay a nonrefundable late fee of \$100-00, in addition to the \$500-00 nonrefundable renewal fee. An applicant whose license has expired for a period of three years or less may apply to the Department for reinstatement of the license. The license shall be reinstated if the applicant submits to the Department all lapsed license fees and a reinstatement fee of \$100-00. A license which has expired for more than three years is not eligible for renewal. In such instances, the formerly licensed individual desiring to be licensed shall follow the application procedures specified in subsection (L)(7)(1) of this Section.
- u) Denial of application, and suspension or revocation of license:
- 1) The Director, after notice and opportunity for hearing, may deny the application for, or suspend or revoke the license of, a lead abatement contractor, contractor/supervisor, worker, lead assessor, or inspector in any case in which the Director finds substantial or continued failure to comply with this Part.
- 2) Such notice shall be made by certified mail or by personal service and shall set forth the particular reasons for the proposed action and provide the applicant or licensee with an opportunity to request a hearing. If a written hearing request is not received within 15 days after receipt of the notice by the applicant or licensee, the right to a hearing is waived.

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(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 845.30 Mitigation or Abatement of Lead Hazards

a) The following procedures shall be followed upon determination by the Department or delegate agency that a lead hazard is present in or upon any dwelling or residential building or child care facility. The Department or delegate agency will provide the occupant of the dwelling with a copy of any mitigation notice, amended notice, mitigation plan, amended plan, or follow-up inspection report issued pursuant to this subsection (a).

1) If the inspection report identifies a lead hazard, the Department or delegate agency shall serve a mitigation notice on the property owner that the owner is required to mitigate the lead hazard. The mitigation notice shall indicate the time period in which the owner must complete the mitigation as required by subsection (a)(3) of this Section, and shall include information describing mitigation activities which meet the requirements of this Part and the Act. (Section 9(1) of the Act)

2) If the inspection report prepared in accordance with Section 845.26, identifies a lead hazard, the owner shall mitigate the lead hazard in accordance with the requirements of this Section and within the time limits set forth in subsection (a)(3) of this Section. If the source of the lead hazard identified in the inspection report is lead paint or any other leaded surface coating, the lead hazard shall be deemed to have been mitigated if:

- A) The surface identified as the source of the hazard is no longer in a condition that produces a hazardous level of leaded chips, flakes, dust or any other form of leaded substance that can be ingested or inhaled by humans; or
- B) If the surface identified as the source of the hazard is accessible to children and could reasonably be chewed on by children, the surface coating is either removed or covered, or the access to the leaded surface by children is otherwise prevented as prescribed by the Department. (Section 9(2) of the Act)
- 3) When a mitigation notice is issued for a dwelling unit inspected as a result of an elevated blood lead level in a pregnant woman or a child, or if the dwelling unit is occupied by a child under 6 years of age or a pregnant woman, the owner shall mitigate the hazard within 30 days after receiving the notice; otherwise, the owner shall complete the mitigation within 90 days. (Section 9(5) of the Act)
- 4) An owner may apply to the Department or its delegate agency for an extension of the deadline for mitigation. If the Department or its delegate agency determines that the owner is making

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substantial progress toward mitigation during the prescribed time period, or that the failure to meet the deadline is the result of a shortage of licensed abatement contractors or workers, or that the failure to meet the deadline is because the owner is awaiting the review and approval of a mitigation plan, the Department or delegate agency may grant an extension of the deadline. (Section 9(6) of the Act)

5) The Department or its delegate agency may, after the deadline set for completion of mitigation, conduct a follow-up inspection of the any dwelling for which a mitigation notice was issued for the purpose of determining whether the mitigation actions required have been completed and whether the activities have sufficiently mitigated the lead hazard. The Department or its delegate agency may conduct a follow-up inspection upon the request of an owner or resident. If, upon completing the follow-up inspection, the Department or its delegate agency finds that the lead hazard for which the mitigation notice was issued is not mitigated, the Department or its delegate agency shall serve the owner with notice of the deficiency and a mitigation order. The order shall indicate the specific actions the owner must take to comply with the mitigation requirements of this Act, which may include abatement if abatement is the sole means by which the lead hazard can be mitigated. The order shall also include the date by which the mitigation shall be completed. If, upon completing the follow-up inspection, the Department or delegate agency finds that the mitigation requirements of this Act have been satisfied, the Department or delegate agency shall provide the owner with a certificate of compliance stating that the required mitigation has been accomplished. (Section 9(7) of the Act)

- b) In order to ensure that lead mitigation or abatement activities do not result in lead contamination of areas outside of the abatement worksite or work area, the removal of lead-bearing substances from the dwelling, residential building, or child care facilities shall be conducted in a manner that will not endanger the health or well-being of occupants and will result in the safe removal from the worksite or work area and the safe disposal of flakes, chips, debris, dust, and other lead-bearing substances. Notwithstanding any provisions to the contrary, performance of mitigation and abatement activities which do not conform to procedures and criteria provided in this Section, whether or not those procedures and criteria are expressly made mandatory in this Section, shall create a rebuttable presumption of creation of a health hazard by the person performing such activities.
- c) Mitigation. Mitigation is an interim method of eliminating the lead hazard risk to a child and may consist of any number of the Department-prescribed lead hazard repair activities specified in subsections (c)(1) through (4) of this Section. Such activities may not be considered final actions if it is determined, through a follow-up inspection conducted pursuant to subsection (a)(5) of this

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Section, that the lead hazard repair measures taken have not sufficiently mitigated the lead hazard. Lead hazard repairs shall be completed within the time specified after receipt of written notification. When conducting any lead hazard repair that does not create lead dust or fumes as specified in subsections (c)(1) through (4), the requirements of Section 845.28 pertaining to the licensure of lead workers, lead contractor/supervisors, or lead abatement contractors and the requirements of subsections (d)(1)(B) through (E) and (d)(2) of this Section are optional.

1) All loose paint shall be moistened and carefully scraped from defective surfaces. These areas shall then be covered with contact paper, cloth, canvas, or other material which will create an intact surface for the purpose of preventing the paint chips from falling on the floor and preventing a child's access to the lead hazard. All debris shall be collected and sealed in plastic bags for proper disposal in accordance with subsection (q) of this Section.

2) Areas which may be chewed upon by a child shall be covered with heavy paper, cardboard, cloth, canvas, or other material that will prevent access to the lead hazard by a child.

3) All plaster and paint chips shall be collected, and any surfaces that have collected paint dust shall be cleaned by damp mopping with a phosphate-containing detergent or trisodium phosphate (TSP), or a phosphate-free lead-dissolving detergent.

4) A mitigation plan shall be submitted by the owner or its agent to the Department or delegate agency specifying the method or methods by which surfaces which will be managed-in-place are to be maintained in an intact condition. The plan shall include an inspection schedule, which shall include inspection by the owner or its agent at least annually, and a maintenance schedule. Any surfaces that are not intact, as determined through an inspection, shall be repaired using the mitigation techniques specified in subsections (c)(1), (2), and (3) of this Section.

d) Abatement. For cases in which a follow-up inspection conducted pursuant to subsection (a)(5) of this Section determines that lead hazard repair measures taken have not sufficiently mitigated the lead hazard, abatement may be deemed necessary. If the Department or delegate agency determines that abatement is the sole means by which a lead hazard can be mitigated, then abatement activities shall be conducted in accordance with this Section. Mitigation activities which involve the destruction or disturbance of any lead surface shall be conducted by a licensed lead abatement contractor using licensed lead abatement workers (Section 9 of the Act). If the mitigation activities described in subsection (c) of this Section will not result in protection of a child, or are not practical, any child or children shall be removed to a lead-safe dwelling until abatement is completed.

1) Personnel Protection. An owner, its agent, or any person who is performing corrective action that is prescribed by the Department

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or a delegate agency for lead abatement in a dwelling, shall take the following precautions to protect his or her health and the health of occupants of the dwelling during any lead abatement that may produce lead dust or fumes. Monitoring of airborne dust shall be performed when work is in progress and respiratory protection shall be provided in accordance with this Section. The owner or its agent shall assure, through the monitoring of airborne dust in the work site and in areas that are outside but adjacent to the work site, that no person conducting lead abatement work directed by the Department or owner is exposed to lead at concentrations greater than the permissible exposure limit average (50 mcg/m(3)) over an eight-hour period.

A) No children, pregnant women, unprotected workers, nonworkers, or pets shall be permitted to enter the work site.

B) Respiratory protection shall be worn by all individuals in the work site or work area who may be exposed to lead dust or fumes at all times during lead abatement activities. Respiratory protection in accordance with OSHA Interim Final Rule for Lead in Construction - 29 CFR 1926.62, shall be worn until all areas have been thoroughly cleaned as described in subsection (o) of this Section. The following are the minimum respiratory protection requirements:

i) Air lead levels of 500ug/m(3) or less: Half-mask air purifying (protection 10X) respirator with high efficiency filters; or half-mask supplied air respirator operated in demand (negative-pressure) mode.

ii) Air lead levels between 500ug/m(3) and 1,250ug/m(3): Loose fitting hood or helmet (protection 25X) powered air purifying respirator with high efficiency filters; or hood or helmet supplied air respirator operated in continuous-flow mode (e.g., type CE abrasive blasting respirators operated in a continuous flow mode).

iii) Air lead levels between 1250ug/m(3) and 2500ug/m(3): Full facepiece air purifying (protection 50X) respirator with high efficiency filters; tight fitting powered air purifying respirator with high efficiency filters; full facepiece supplied air respirator operated in demand mode; half-mask or full facepiece supplied air respirator operated in a continuous-flow mode; or full facepiece self-contained breathing apparatus (SCBA) operated in demand mode.

iv) Air lead levels between 2500ug/m(3) and 50,000ug/m(3): Half-mask supplied air (protection 1,000X) respirator operated in pressure-demand or other positive pressure mode.

v) Air lead levels between 50,000ug/m(3) and

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100,000ug/m(3): Full facepiece supplied air (protection 2,000X) respirator operated in pressure demand or other positive pressure mode (e.g., type CE abrasive blasting respirators operated in a positive pressure mode).

- vi) Greater than 100,000ug/m(3): Full facepiece SCBA operated unknown concentration, in pressure-demand or other or fire fighting positive pressure mode (protection over 2000X).

C) Only approved Mine Safety and Health Administration (MSHA) or National Institute of Occupational Safety and Health (NIOSH) respirators shall be used. Respirators shall be properly fitted for all persons working at the site. If any person has a medical history of respiratory problems, a physician should be contacted for testing to determine if the person may wear such respirators.

D) The manufacturers' instructions shall be followed for maintenance, proper fit, use of appropriate cartridges, cleaning, repair, replacement of defective parts, appropriate storage, and the frequency of cartridge replacement for the specific respirator in use.

(NOTE: Respirators are not effective if facial hair (a beard, etc.) is present because a good seal cannot form between the respirator and skin.)

E) Respirators shall not be removed while in the work site or work area.

F) Additional respiratory protection by supplemental filters, such as organic vapor cartridges, may be needed when handling some coating or stripping products. Consult the Material Safety Data Sheets (MSDS) or the manufacturer and obtain the proper filters as necessary.

- 2) Individuals at the work site shall wear full body suits with hoods and shoe covers. A TYVEK or similar type of disposable suit may be worn. Disposable suits shall be used once, then properly discarded. Protective clothing, as described above, and other personal protective equipment (PPE) shall be put on prior to entering the work site or work area. Protective clothing shall be worn in the work site or work area until it has been thoroughly cleaned as described in clean-up activities in subsection (o) below. Protective clothing shall be changed before leaving the work site or work area and nondisposable suits shall be laundered separately. An area other than the work site or work area shall be provided for persons to put on suits and other PPE and to store their street clothes.

- 3) Goggles with side shields shall be worn when working with a material that may splash or fragment, or if protective eye wear is specified on the Material Safety Data Sheet (MSDS) for that product.

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- e) Notice to Occupants. The owner or its agent shall give notice to the occupants of a dwelling to be abated for lead, at least 7 days but not more than 30 days, before a contractor or the owner may commence a lead abatement project. Before beginning a lead abatement project, the owner of the building in which lead abatement is to take place shall remove all furniture and packed personal items from the work site and store them in a secure place. The owner of the building in which the lead abatement project is to take place shall notify all residents of:
- 1) the site or area which is to be abated;
 - 2) the date on which abatement is to commence; and
 - 3) the occupants' obligations under this Section to place all personal items in a box or other closed, easily handled container. Every occupant of a dwelling to be abated, who has received a notice of lead abatement, shall be responsible for placing all personal items in boxes or other closed, easily handled containers.

f) Residential Buildings. At all times when a lead abatement project is being conducted in a common area of a residential building:

- 1) occupants and pets shall use alternative entrances and exits which do not require passage through the work site or work area, if such entrances and exits exist;
- 2) the owner or its agent shall use all reasonable efforts to create an uncontaminated passage for entrance and egress of all building occupants; and
- 3) if the entrance to and egress from a building can only be through the work site or work area, abatement in the work site or work area shall be conducted between the hours of 9 a.m. to 3 p.m. only, and the work site or work area shall be cleaned with a HEPA vacuum at the end of each working day until all surfaces are free of visible dust and debris.

g) Abatement of lead-bearing substances shall not employ the following methods:

- 1) open flame burning;
- 2) dry-sanding;
- 3) open abrasive blasting;
- 4) uncontaminated hydro-blasting;
- 5) methylene chloride for interior use (except that methylene chloride may be used in work sites for localized touch-up); or
- 6) dry-scrapping.

h) Abatement of lead-bearing substances shall employ only the following methods:

- 1) Replacement. Any component part of a building may be abated by replacement with a part free of lead-bearing substances.
- 2) Removal. Unless replaced, encapsulated, or reversed, woodwork may be abated by using the following techniques:

- A) offsite chemical stripping;
- B) heat gun (The temperature of the heat gun shall not exceed 1,100° 760 F.);

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- C) nonflammable chemical strippers which do not contain methylene chloride, except that chemical strippers containing methylene chloride may be used for localized touch-up;
- D) sander equipped with HEPA vacuum;
- E) vacuum-blasting in exterior work areas only;
- F) contained hydro-blasting in exterior work areas only; or
- G) mechanical paint removal systems equipped with a HEPA vacuum.
- 3) Unless replaced or encapsulated, walls or ceilings may be abated by using the following techniques:
- A) wet-scraping of loose material, if scraping is followed by encapsulation;
- B) vacuum-blasting in exterior work areas only; or
- C) contained hydro-blasting in exterior work areas only.
- 4) Enclosure. A wall or ceiling surface may be abated by covering the lead-bearing surface with any of the following materials, provided use of any material complies with local building ordinances or codes. (All seams and openings shall be caulked and sealed where applicable.):
- A) gypsum board;
- B) fiberglass mats;
- C) canvas-backed vinyl wall coverings;
- D) high pressure, laminated plastic sheet, such as Formica (R);
- E) tile;
- F) paneling;
- G) other durable material that does not readily tear or peel; or
- H) ~~Department-approved Solvent solvent-free coatings (not household paint) applied in accordance with the manufacturer's directions. The Department shall provide a list of approved coatings-upon request.~~
- 5) A floor surface may be abated by enclosure using the following materials:
- A) tile;
- B) vinyl flooring;
- C) wood; or
- D) stone.
- 6) A woodwork surface may be abated by enclosure or encapsulation only with the following materials:
- A) plastic;
- B) metal;
- C) wood; or
- D) ~~Department-approved--solvent Solvent-free coatings (not household paint) applied in accordance with the manufacturer's directions. The Department shall provide a list of approved coatings-upon request.~~
- 7) Reversal. A woodwork surface may be abated by reversing

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- component parts, provided that no lead-bearing surface remains exposed at the completion of the process and all seams are caulked and sealed.
- 8) Windows, when abated, shall be completely treated, including inside, outside, and sides of sashes and mullions. Window frames shall be abated to the outside edge of the frame, including slides, sash guides, and window wells and sills.
- i) Alternative Procedures
- 1) The Department or delegate agency may allow an alternative procedure for abatement, containment or cleanup of a lead paint hazard, provided that the owner submits to the Department or delegate agency a written description of the alternative procedure that demonstrates to the satisfaction of the Department that the proposed alternative procedure provides a level of abatement and safety equivalent to the requirements of this Section. The delegate agency shall send a copy of the request and the delegate agency's response to the Department for its records.
- 2) In all cases in which the Department or delegate agency allows the use of an alternative procedure under subsection (i)(1) above, the owner and occupant shall, for a one-year period after completion of the lead abatement project, permit the Department or delegate agency to enter and inspect the area of abatement for the purpose of determining the effectiveness and durability of the allowed alternative procedure.
- j) Caution Signs. At each work site or work area in dwellings occupied by two or more families, the owner or its agent performing an abatement shall display a caution sign in the following manner wherever the abatement process is reasonably expected to break or disturb any lead-bearing substances.
- 1) At least 3 days before removing, enclosing, or encapsulating lead paint, the owner shall post caution signs immediately outside all entrances and exits to the work site. In emergency situations posting shall be done as soon as possible.
- 2) The owner shall keep the caution signs posted until the lead abatement is completed.
- 3) The owner shall ensure that caution signs meet the following specifications:
- A) the sign shall be at least 20" by 14", and state the date and place of the lead abatement project;
- B) except as provided in subsection (j)(3)(C) below, the sign shall include the phrase "Caution, Lead Hazard, Keep Out" or "Warning, Lead Work Area, Keep Out" in bold lettering, at least two inches high; and
- C) in dwellings occupied by two or more households where common areas are to be abated, the sign shall include the phrase "Caution, Lead Hazard, Do Not Remain in Work Area Unless Authorized" in bold lettering at least two inches high.

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k) Residential Buildings

1) In residential buildings where common areas are to be abated, the owner or its agent shall post a notice on the door of each apartment in the building at least three days before a lead abatement project commences.

2) The notice required in subsection (k)(1) above shall contain:

- A) the date of commencement of abatement and identification of the area to be abated; and
- B) a caution statement alerting residents not to enter the work site or work area.

l) Personal Hygiene Practices

1) Eating, drinking, smoking, and applying of cosmetics are not allowed in the work site or work area. Any person leaving the work site or work area shall rinse his or her mouth with potable water and wash hands and face thoroughly before eating, drinking or smoking.

2) All individuals shall wash or shower before leaving the work site or work area for the day.

3) A lavatory facility or potable water supply or a portable decontamination unit shall be provided and located at the work site or work area for the washing of hands and face and for clean up activities.

m) Negative air pressure shall be maintained in work sites undergoing lead abatement in multiple dwelling units occupied by two or more households having a common area and in residential buildings having a common area, in which any unit of the building is undergoing lead abatement. The maintenance of negative air pressure will ensure that contaminated air does not filter from the work site to uncontaminated areas. (See Appendix D of this Part)

1) The negative pressure system shall use HEPA filters and shall operate continuously, 24 hours a day, at the start of the lead abatement work through clean-up as described in Section 845.30(o).

2) The owner or its agent shall assure, through the monitoring of airborne dust, that no person conducting lead abatement work directed by the Department is exposed to lead at concentrations greater than 50 mcg/m(3) average over an eight-hour period.

n) Containment

1) Interior Containment. Before beginning to abate a lead-containing substance which will cause lead dust or fumes in excess of the requirements in subsection (c) above in the work site, the owner or its agent performing an abatement shall:

- A) ensure that all movable objects have been removed from the work site;
- B) turn off all forced air ventilation in the work site and seal exhaust and intake points in the work site;
- C) if the work site is a room or group of rooms within a building, seal the work site from all other portions of the

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building with plastic sheeting at least 6 mils thick, secured by duct tape or spray adhesives;

D) seal the opening seams of all kitchen cabinets and refrigerators individually with tape;

E) cover all objects that cannot be moved, such as radiators, refrigerators, stoves, kitchen cabinets, built-in furniture, and bookcases, with plastic sheeting at least 6 mils thick taped securely in place;

F) cover floors in the work site with plastic sheeting at least 6 mils thick sealed with tape; and

G) remove all carpeting from the work site prior to abatement. Carpeting shall be professionally cleaned or replaced.

Carpeting shall be misted with water prior to removal to prevent lead dust exposure.

2) Exterior Containment. Before beginning to abate a lead-containing substance in an exterior work site, the owner or its agent performing the abatement shall use the following procedures:

A) When liquid waste is produced by any abatement technique used, plastic sheeting at least 6 mils thick shall be placed on the ground, as close as possible to the building foundation, or on the floor when applicable. Sheetting placed on the ground or floor shall be raised at its edge and extended a sufficient distance to contain the liquid waste.

B) When nonliquid waste is produced by any abatement technique used, plastic sheeting at least 6 mils thick shall be placed on the ground, as close as possible to the building foundation, or on the floor when applicable. Sheetting placed on the ground or floor shall extend out from the foundation 3 feet per story being abated, with a minimum of 5 feet and a maximum of 20 feet.

C) Sheetting placed on an exterior floor shall cover the entire floor.

D) Sheetting shall be secured at the foundations and along all edges and seams.

E) If the wind speed causes visible dust during an exterior abatement project producing dry waste, abatement shall not be continued or performed unless vertical shrouds are erected.

F) When vacuum blasting or contained hydro-blasting, interior windows shall be sealed with plastic sheeting 6 mils thick and secured with water proof tape.

3) For all sealing and covering of interior and exterior abatement work the owner or its agent shall use the following:

- A) plastic sheeting, at least 6 mils thick or equivalent;
- B) duct tape or equivalent waterproof tape;
- C) spray adhesives; or

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D) other additional appropriate work practices to contain particulate lead or lead-containing liquids.

4) Alternative Procedures

A) The Department or delegate agency may allow an alternative procedure for abatement, containment or cleanup of a lead paint hazard, provided that the owner submits to the Department or delegate agency a written description of the alternative procedures that demonstrates to the satisfaction of the Department that the proposed alternative procedure provides a level of abatement and safety equivalent to the requirements of this Section. The delegate agency shall send a copy of the request and the delegate agency's response to the Department for its records.

B) In all cases in which the Department or delegate agency allows the use of an alternative procedure under subsection (n)(4)(A) above, the owner and occupant shall, for a one-year period after completion of the lead abatement project, permit the Department or delegate agency to enter and inspect the area of abatement for the purpose of determining the effectiveness and durability of the allowed alternative procedure.

o) Cleanup of Interior Work Site. Refer to Appendix D of this Part if a negative pressure system is used. After completion of the removal, replacement, enclosure, encapsulation, or reversal involved in an abatement project, the owner or its agent shall:

- 1) deposit all lead waste, including sealing tape and plastic sheeting, in double plastic bags at least 4 mils thick or single bags 6 mils thick or equivalent, and seal the bags;
- 2) before washing, vacuum-clean all surfaces in the work site including woodwork, walls, windows, window wells, and floors with a HEPA vacuum;
- 3) after vacuum-cleaning, wet wash all surfaces in the work site including woodwork, walls, windows, window wells, ceilings and floors with a solution containing trisodium phosphate mixed according to the manufacturer's directions, or a phosphate-free lead dissolving detergent; and
- 4) if visible residue remains after washing and allowing all surfaces to dry, vacuum all surfaces with HEPA vacuum, as described in subsection (o)(2) above; and
- 5) deposit all lead waste from clean-up, including mop heads, sponges, filters, and disposable clothing, in double plastic bags at least 4 mils thick or single bags 6 mils thick, and seal the bags.

p) Cleanup of Exterior Work Area. After completion of the replacement, removal, encapsulation, enclosure, or reversal involved in an exterior abatement or mitigation project, the owner or its agent shall:

- 1) recover all visible debris from exterior areas;
- 2) HEPA vacuum all porches that have been abated; and

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3) wet wash all surfaces in the work site, including woodwork, windows, window wells, and floors, with a solution containing trisodium phosphate mixed according to the manufacturer's directions, or a phosphate-free lead dissolving detergent.

q) Waste Disposal

1) The owner or its agent of any dwelling who has conducted lead abatement that was prescribed by the Department or delegate agency shall contact the Illinois Environmental Protection Agency and local authorities to determine lead-based paint debris disposal requirements.

2) In addition, the owner or its agent shall:

- A) remove lead waste from the site of an abatement project not later than 48 hours after completing the final cleanup;
- B) place lead-based paint chips, debris, and lead dust in double 4-mil or single 6-mil polyethylene bags, or equivalent, that are air-tight and puncture-resistant. Pieces of wood or other large items that do not fit into plastic bags shall be wrapped with double 4-mil or single 6-mil plastic sheeting and sealed;
- C) place all disposable cleaning materials, such as sponges, mop heads, filters, disposable clothing, and brooms in double 4-mil or single 6-mil plastic bags, or equivalent, and seal;
- D) remove plastic sheeting and tape from covered surfaces. Prior to removing the plastic sheeting, the sheeting shall be lightly misted in order to keep dust down and folded inward to form tight small bundles to bag for disposal. All plastic sheeting shall be placed in double 4-mil or single 6-mil thick plastic bags, or equivalent, and shall be sealed;
- E) bag and seal vacuum cleaner bags and filters in double 4-mil or single 6-mil thick plastic bags or equivalent;
- F) place all contaminated clothing or clothing covers used during abatement and cleanup in plastic bags for disposal prior to leaving equipment room, work site or work area;
- G) place solvent residues and residues from strippers in drums made from materials that cannot be dissolved or corroded by chemicals contained in those solvents and strippers. Solvents shall be tested to determine if they are hazardous. Solvents and caustic and acid waste shall not be stored in the same containers;
- H) contain and properly dispose of all liquid waste, including lead dust contaminated wash water;
- I) HEPA vacuum the exterior of all waste containers prior to removing the waste containers from the work site or area and wet wipe the containers to ensure that there is no residual contamination. Containers that have been cleaned shall be moved out of the work site or area into a designated storage

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area;
J) carefully place the containers into the truck or dumpster used for disposal; and
K) ensure that all waste is transported in covered vehicles to a landfill approved by the Illinois Environmental Protection Agency.

r) Repainting, Coating and Sealing. After cleaning, the owner or its agent shall repaint all abated surfaces with a paint that is not a lead-bearing substance or coat all surfaces from which lead paint has been removed with a ~~Department-approved~~ solvent-free coating, except for those enclosed surfaces that have smooth, easily cleanable surfaces.

1) After painting or coating, the owner or its agent shall repeat the cleaning process in all interior work areas, except those painted with latex paint or coated with liquid encapsulant.

2) After completion of the cleaning, the owner or its agent shall seal all floors that have been abated in the work site with:

- A) polyurethane;
- B) gloss deck enamel;
- C) a tight fitting vinyl floor covering; or
- D) an equivalent impermeable material, if a smooth cleanable surface is not already present.

3) Alternative Procedures

A) The Department or delegate agency may allow an alternative procedure for abatement, containment or cleanup of a lead paint hazard, provided that the owner submits to the Department or delegate agency a written description of the alternative procedure that demonstrates to the satisfaction of the Department that the proposed alternative procedure provides a level of abatement and safety equivalent to the requirements of this Section. The delegate agency shall send a copy of the request and the delegate agency's response to the Department for its records.

B) In all cases in which the Department or delegate agency allows the use of an alternative procedure under subsection (q)(3)(A) above, the owner and occupant shall, for a one-year period after completion of the lead abatement project, permit the Department or delegate agency to enter and inspect the area of abatement for the purpose of determining the effectiveness and durability of the allowed alternative procedure.

s) Procedures for Determining Compliance

1) The Department or delegate agency may inspect a work site or work area at any time during a lead abatement project to determine compliance with this Section.

A) The inspector shall notify the owner of the results of the inspection, and shall include the locations and characteristics of surfaces with inadequate treatment.

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B) A lead abatement project shall be deemed to be in compliance with these regulations if:

- i) Lead dust levels on horizontal interior surfaces are below 200 micrograms per square foot; or
- ii) All abated surfaces and all floors have been treated to provide smooth and easily cleanable surfaces, ~~or~~ ~~Chemical spot tests that are performed in accordance with Department approved protocols result in lead levels that do not exceed the permissible limits of lead specified in Section 845.50.~~

2) Noncompliance. If the results of a lead dust analysis conducted do not meet the requirements of subsections (s)(1)(B)(i) or (ii) and ~~(iii)~~ above, the owner or its agent shall perform a further cleanup as described in subsection (o). If results of the lead dust analysis meet the requirements of subsection ~~subsections~~ (s)(1)(B)(i) or (ii) and ~~(iii)~~ above, the Department or delegate agency shall state that the lead abatement project has been completed and complies with the Department's requirements. A statement of completion and compliance may not preclude the Department or delegate agency from taking any future enforcement action against the owner of the dwelling.

t) Records. The Department or delegate agency shall retain for 6 years the following information for every lead abatement project prescribed by the Department or delegate agency:

- 1) name and address of the contractor who performed the project and the owner;
- 2) the location of the project;
- 3) a summary of abatement techniques used to comply with Department or delegate agency prescribed corrective action;
- 4) the location of the disposal site of the discarded lead-based substances which were removed by a contractor from the work site; and
- 5) the starting and completion dates of the lead abatement project.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

Section 845.50 Permissible Limits of Lead in and about Dwellings, Residential Buildings or Child Care Facilities

a) The permissible limit of lead in any lead bearing substance applied to an exterior surface of a dwelling, residential building or child care facility which is accessible to children shall be ~~five-tenths-of-one percent~~ ~~0.5%~~ lead by weight (calculated as lead metal) in the total non-volatile content of liquid paint, or lead bearing substance containing greater than one milligram per square centimeter in the dried film of paint.

b) The permissible limit of lead in soil which is readily accessible to

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- c) children shall be 1,000 micrograms of lead per gram of soil (mcg/g). The permissible limit of lead in house dust shall be the same as that in Section 845.30(s)(1)(B)(i) or (ii) or (iii).
- d) The storage of any lead-containing or lead-contaminated article including automotive or marine batteries, battery casings or battery casing liners; scrap lead or lead solder; internal combustion engine parts; print or print faces; pottery glaze or pottery glaze containers; bullets or spent cartridges; or any other article containing or contaminated by lead in an area accessible to children shall be prohibited.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

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Section 845.APPENDIX A Instructions for Childhood Blood Lead Poisoning Reporting System

Section 845.EXHIBIT A Instructions for Completing the Laboratory Based Report of Childhood Lead Poisoning

The Childhood Lead Poisoning Report form should be completed for all confirmed blood lead test results levels of ~~10~~ micrograms--per--deciliter--(mcg/dl)--or greater on all persons 15 years of age and younger. Each laboratory Att laboratories in Illinois certified by the Illinois Department of Public Health to conduct a blood lead analysis is ~~are~~ required to complete the Childhood Lead Poisoning Report form, unless the laboratory is reporting to the Illinois Department of Public Health using the electronic reporting system.

CHILD DATA

1. Complete the following information on the child's complete name:
 - LAST NAME: Enter the child's complete last name.
 - FIRST NAME: Enter the child's complete first name.
 - MIDDLE INITIAL: Enter the child's middle initial.

2. Complete the following information on the child's parent or guardian, if available:
 - LAST NAME: Enter the parent/guardian's complete last name.
 - FIRST NAME: Enter the parent/guardian's complete first name.
 - MAIDEN NAME: Enter the parent/guardian's complete last maiden name.

3. TELEPHONE NUMBER: If available, enter the child's telephone number (area code and seven-digit number).

4. DATE OF BIRTH: Enter the child's date of birth. Use two digits for the month, date and year.

5. ADDRESS OF CHILD: Complete the following elements on the form. All elements refer to the current address for the child.
 - NUMBER: Enter the number of child's current street address.
 - DIRECTION: Enter the direction which appears in the child's current street address, e.g., North, West.

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- STREET NAME: Enter the name of the child's current street address.
- TYPE: Enter the applicable type of street address, e.g., avenue, street, boulevard.
- APARTMENT NUMBER: If applicable, enter the apartment number of the child's address.
- COUNTY: Enter the complete name of the county where the child currently is residing.
- CITY: Enter the complete name of the city in which the child currently is residing.
- STATE: Enter the state where the child currently is residing. Use the standard two-character abbreviation.
- ZIP: Enter the five-digit zip-code where the child currently is residing.
- 6. SEX: Check the appropriate box to indicate the child's sex.
- 7. RACE: Check the appropriate box to indicate the child's race.
- 8. HISPANIC: Check the appropriate box to indicate whether the child is Hispanic.

TEST DATA

- 9. DATE OF FIRST TEST: Enter the month, day, and year the first blood lead sample to be reported was collected. Use two digits for month, day, and year, e.g., 06/01/92.
- 10. TYPE: Check the appropriate box to indicate the specimen type (venous or fingerstick).
- 11. TEST RESULTS: Enter the blood level of the sample in micrograms per deciliter (mcg/dL).
- 12. DATE OF SECOND TEST: Enter the month, day, and year the second blood lead sample to be reported was collected. Use two digits for month, day, and year, e.g., 06/01/92.
- 13. TYPE: Check the appropriate box to indicate the specimen type.
- 14. TEST RESULTS: Enter the blood lead level of the sample in micrograms per deciliter (mcg/dL)

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- 15. NAME OF LABORATORY: Enter the name of the laboratory analyzing the blood lead sample or the laboratory code number.
 - 16. LABORATORY TELEPHONE NUMBER: Enter the telephone number of the laboratory which analyzed the blood lead sample.
- SUBMITTING PARTY DATA
- 17. NAME: Enter the name of the physician, hospital staff member, laboratory technician, clinic employee, or other person submitting the report of the blood lead result.
 - 18. TELEPHONE NUMBER: Enter the telephone number of the submitting party (area code and seven-digit number).
 - 19. CLINIC/HOSPITAL: Enter name of clinic or hospital.
 - 20. ADDRESS: Enter the address of the industry, physician, hospital, laboratory, clinic, or other entity/facility submitting the report of the blood lead test. The street number, direction, street name, suite, city, state, zip code, and county should be included.

COMPLETION DATA

- 21. On the line provided on the form, the usual signature of the person (first and last name) completing the form should be affixed. Enter the title of the person completing the form.
- 22. DATE OF REPORT: Enter the month, day, and year the form is completed. Use two digits for month, day, and year, e.g., 06/01/92.

All elevated blood lead levels of 45 mcg/dL shall be reported by telephone within 24 hours to the Childhood Lead Poisoning Prevention program at 217/785-9464 or 217/782-0403.

Mail completed report within 48 hours to:

Illinois Department of Public Health
Division of Family Health
Childhood Blood Lead Level Reporting System
535 West Jefferson Street
Springfield, IL 62761

- 1- THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH CASE NUMBER--The case number will be completed by the Illinois Department of Public Health.
- 2- DATE OF REPORT--Enter the month, day, and year the form is being completed--Use two digits--e.g., 06/01/92.

CASE DATA

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e-g-7-nurse-0ther-health-care-professional-mark-5-in-box-and-specify-on the line provided.

22- SUBMITTING-PARTY-DATA

12- NAME-OP-LABORATORY-Enter-the-name-of-the-laboratory-analyzing-the-blood lead-sample--the-laboratory-code-number-will-be-completed-by-the Illinois-Department-of-Public-Health.

13- ADDRESS-Enter-the-address-of-the-laboratory-analyzing-the-blood-lead sample-including-street-number-direction-and-name.

14- CITY-Enter-the-complete-name-of-the-city-of-the-laboratory-analyzing the blood-lead-sample.

15- STATE-Enter-the-two-digit-abbreviation-of-the-state-of-the-laboratory analyzing-the-blood-lead-sample.

16- ZIP-CODE-Enter-the-five-digit-zip-code-of-the-laboratory-analyzing-the blood-lead-sample.

17- LABORATORY-TELEPHONE-Enter-the-telephone-number-of-the laboratory-analyzing-the-blood-lead-sample.

18- TEST-RESULTS-Enter-the-blood-lead-level-of-the-sample-in-micrograms-per deciliter-(mcg/dl).

19- DATE-SAMPLE-ENTERED-Enter-the-month-day-and-year-the-blood-lead sample-was-collected-e-g-7-06/01/92--Use-two-digits-for-month-day-and year.

20- DATE-SAMPLE-ANALYZED-Enter-the-month-day-and-year-the-blood-lead sample-was-analyzed-by-the-laboratory-e-g-7-06/01/92--Use-two-digits-for month-day-and-year.

21- SPECIMEN-TYPE-Enter-a-1-in-the-box-provided-if-the-specimen-type-is venous-and-2-if-capillary-and-a-9-if-unknown.

On-the-line-provided-on-the-form-the-usual-signature-of-the-person-(first-and last-name)-completing-the-form-should-be-affixed--Enter-the-title-of-the person-completing-the-form--Enter-the-date-the-completed-form-is-mailed.

All-elevated-blood-lead-levels-of-45-mcg/dl-shall-be-reported-by-telephone within-24-hours-to-the-Childhood-Blood-Bowel-Reporting-System--Prevention-Program (217)782-0403.

Mail-completed-report-within-48-hours-to:
Illinois-Department-of-Public-Health
Division-of-Family-Health
Childhood-Blood-Bowel-Reporting-System
535-West-Jefferson-Street
Springfield-IL-62761

(Source: Amended at 20 Ill. Reg. _____, effective _____)

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3- Complete-the-following-information-on-the-case's-complete-name:
- FIRST-NAME-Enter-the-case's-complete-first-name.
- MIDDLE-INITIAL-Enter-the-case's-middle-initial.
- MAIDEN-NAME-If-applicable-enter-the-case's-maiden-name-or-the case's-mother's-maiden-name.

4- ADDRESS-OP-CASE-Complete-the-following-elements-on-the-form--All elements-refer-to-the-current-address-for-the-case:
- NUMBER-Enter-the-number-of-case's-current-street-address.
- DIRECTION-Enter-the-direction-which-appears-in-the-case's-current street-address-e-g-7-North-West.
- STREET-NAME-Enter-the-name-of-the-case's-current-street-address.
- APARTMENT-NUMBER-If-applicable-enter-the-apartment-number-of-the case's-address.
- TYPE-Enter-the-applicable-type-of-street-address-e-g-7-avenue street-boulevard.
- CITY-Enter-the-complete-name-of-the-city-in-which-the-case-currently is-residing.
- STATE-Enter-the-state-where-the-case-currently-is-residing--Use-the standard-two-digit-abbreviations.
- ZIP-CODE-Enter-the-five-digit-zip-code-where-the-case-currently-is residing.

5- COUNTY-Enter-the-complete-name-of-the-county-where-the-case-currently is-residing.
- COUNTY-Enter-the-county-code-provided-by-the-Illinois-Department-of Public-Health.

6- TELEPHONE-NUMBER-If-available-enter-the-case's-telephone-number-(area code-and-seven-digit-number)--If-unknown-enter-slashes-in-boxes provided.

7- DATE-OP-BIRTH-Enter-the-date-of-birth-for-the-case--Use-two-digits-for the-month-date-and-year.

8- SEX-If-available-enter-the-appropriate-number-for-the-sex-of-case-in the-box-provided--Record-1-for-a-male-2-for-a-female-and-a-9-for unknown.

SUBMITTING-PARTY-DATA

9- NAME-Enter-the-name-of-the-person-industry-physician-hospital laboratory-clinic-or-other-submitting-the-report-of-the-elevated-blood lead.

10- TITLE-Enter-the-title-if-applicable-of-person-submitting-the-elevated blood-lead-sample-to-the-laboratory-to-be-analyzed.

11- TELEPHONE-NUMBER-Enter-the-telephone-number-of-the-submitting-party (area-code-and-seven-digit-number).

12- TYPE-Enter-the-type-of-party-submitting-the-sample-in-the-box-provided- if-a-physician-submits-the-elevated-blood-lead-sample-indicate-by marking-1-in-box--For-a-hospital-mark-2-in-box-for-a-laboratory (private-or-public)-mark-3-in-box-for-a-clinic-mark-4-in-box-for-other.

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Section 845. EXHIBIT B Instructions for Submitting the Medical Follow-Up Data for Children With of--Childhood Blood Lead Levels > of 15 mcg/dL mcg/dL and Above

Medical follow-up should be completed by delegate agencies for all persons 15 years of age and younger having had a blood lead test analyzed and confirmed at 15 mcg/dL mcg/dL or higher. Environmental inspections should be carried out on the homes of all persons 15 years of age and younger having had a blood lead test analyzed and confirmed at 25 mcg/dL or higher.

All medical and environmental follow-up data must be entered into a STELLAR database maintained by the delegate agency. A STELLAR export and any additional reports requested by the Illinois Department of Public Health should be run regularly, at intervals determined by the Department. Detailed instructions on the STELLAR procedures are available from the Department upon request.

EASB-DATA

1- NAME

1- LAST-NAME:--Provide-the-complete-last-name-of-the-case-

1- FIRST-NAME:--Provide-the-complete-first-name-of-the-case-

1- MIDDLE-INITIAL:--Provide-the-middle-initial-of-the-case-

1- MAIDEN-NAME:--Provide-the-case's-mother's-maiden-name-

2- ADDRESS:

1- NUMBER:--Provide-the-number-of-case's-current-street-address-

1- STREET-NAME:--Provide-the-name-of-the-case's-current-street-address-

1- APARTMENT-NUMBER:--If-applicable,provide-the-apartment-number-of-the-case's-current-address-

1- CITY:--Provide-the-complete-name-of-the-city-where-the-case-currently-is-residing-

1- STATE:--Provide-the-two-digit-state-abbreviation-where-the-case-currently-is-residing-

1- ZIP-CODE:--Provide-the-five-digit-zip-code-where-the-case-currently-is-residing-

1- COUNTY-NAME:--Provide-the-name-of-the-county-where-the-case-currently-is-residing-

3- PARENT/GUARDIAN'S-NAME:--Provide-the-last-and-first-name--of--the--case's parent--or--guardian-

4- PHONE-NUMBER:--Provide-the-parent/guardian's-telephone-number--area-code and-seven-digit-number-

5- MEDICAID-NUMBER:--Provide-the-case's-Medicaid-recipient-nine-digit identification-number-

6- DATE-OF-BIRTH:--Provide-the-case's-monthly-day-and-year--of--birth--e-g-7 08/03/89--Use-2-digits-for-the-monthy-date-and-year-

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7- SEX:--Provide-the-case's--sex--indicate-1-if-male-2-if-female-9-if-unknown-

8- RACE:--Provide-the-case's-race--indicate-1-if-White-2-if-Black-3-if-Asian/Pacific-Islander-4-if-Native-American-5-if-Other-Black-is-defined-as-a-person-having-origins-in-any-of-the-black-racial groups-

Asian-or-Pacific-Islander-is-defined-as-a-person-having-origins-in-any-of the-original-peoples-of-the-Far-East-7-Southeast-Asia-7-the-Indian subcontinent-7-or-the-Pacific-Islands-7-e-g-7-China-7-Korea-7-the-Philippine Islands-7-Samoa-

Native-American-is-defined-as-a-person-having-origins-in-any-of-the original-peoples--of--North--America--and--who-maintains-culture identification-through-tribal-affiliation-or-community-organization- White-is-defined-as-a-person-who-is-considered-to-be-Caucasian-

9- ETHNIC-GROUP:--Hispanic-is-not-considered-a-race-but-it-is-considered-an ethnicity--indicate-the-appropriate-number-identifying-whether--or--not case-is-Hispanic--indicate-1-for-yes-2-for-no-9-for-unknown-

10- NUMBER--OP--CHILDREN-UNDER-6-YEARS-OF-AGE-LIVING-IN-THE-EASB'S HOUSEHOLD:--Indicate-the-appropriate-number-of-children-living-in-the case's-household-

11- DATE-OP-INITIAL-MEDICAL-EVALUATION:--Provide-the-monthly-day-and-year-for the-date-medical-evaluation-was-completed-by-a-physician-or-health-care provider-(e-g-7-06/10/92)-

12- DATE-OP-EAST-MEDICAL-ACTION:--Provide-the-monthly-day-and-year-for-the date-last-medical-action-was-provided-by-a-physician-or-health-care provider-7-e-g-7-medical-treatment-is-completed-

13- LAST-MEDICAL-ACTION:--Indicate-the-last-medical-treatment-provided-by-a physician-or-health-care-provider-

14- CHEMATION-PERFORMED:--Indicate-1-for-yes-2-for-no-9-for-unknown-

15- DATE-OP-PROVOCATIVE-CHEMATION:--Provide-the-monthly-day-and-year--e-g-7 10/10/92-

16- COURSES-OP-CHEMATION-COMPLETED:--Provide-the-number-of-courses-of chemation-completed-

17- DATE-LAST-CHEMATION-COMPLETED:--Provide-the-monthly-day-and-year--e-g-7 10/10/92-

18- TREATED-OR-REPERRED-FOR-IRON-DEFICIENCY:--Indicate-1-for-yes-2-for-no-9-for-unknown-

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- 19- OTHER-MEDICAL-PROBLEMS:--Indicate other medical problems as appropriate.
- 20- ALTERNATIVE-HOUSING-PROVIDED:--Indicate 1-for-yes, 2-for-no, or 9-for unknown.
- 21- CASE-OR-OTHER-IN-HOUSEHOLD-PREGNANT-AT-TIME-OF-DIAGNOSIS:--If the case or other in household is pregnant at the time the elevated blood level sample is taken indicate by entering a 0 for not applicable (N/A), 1 for yes, if not pregnant enter a 2 for no, or if unknown enter a 9.
- 22- TRIMESTER-OF-PREGNANCY:--If the case or other in household is pregnant at the time the elevated blood level sample is drawn enter the trimester by marking 1 for first, 2 for second, 3 for third. If not applicable enter 0 for zero.
- 23- THE-CHILD-WAS-SCREENED-BEFORE:--Indicate the reason for routine screening as part of 1 for well child care, 2 for screening due to high risk factors, 3 for screening due to elevated blood lead level of adult in home, 4 for screening due to prior, 5 for screening due to symptoms of lead poisoning, 6 for screening due to parents or guardians request.
- 24- HAS-THE-CHILD-BEEN-SCREENED-FOR-LEAD-POISONING-PRION-TO-THIS IDENTIFICATION:--Indicate 1 for yes or 2 for no. If yes enter the month, day and year of the last screening and the results of the screening. Use two digits for month, date and year (e.g. 09/20/90). Enter the results in mcg/dl for the blood lead level.
- 25- REFERRAL-FOR-DEVELOPMENTAL-SCREENING-WAS-MADE:--Indicate 1 for yes or 2 for no.
- 26- ENTRY-TO-WHICH-REFERRAL-WAS-MADE:--Indicate 1 for local school district, 2 for early intervention program (birth to three years), 3 for Head Start, 4 for local health department, or 5 for other (please specify).
- 27- DATE-OF-REFERRAL-FOR-DEVELOPMENTAL-SCREENING:--Indicate month, day and year the referral for a developmental screen was made.
- 28- DOES-THE-CHILD-EXHIBIT-A-DEVELOPMENTAL-DELAY:--Indicate 1 for yes, 2 for no, or 9 for unknown. Enter 3 for cognitive/mental delay, 4 for speech/language delay, 5 for physical delay, or 6 for social/self help delay. Enter all appropriate responses.
- 29- HOW-WAS-DEVELOPMENTAL-DELAY-DETERMINED:--Indicate 1 for Denver Developmental Screening Test, 2 for McCarthy Screening Test, 3 for Early Screening Inventory, 4 for Developmental Profile II, 5 for Minnesota Preschool Screening Instrument, 6 for Vineland Social Maturity Scale or 7 for other.

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- 30- DATE-OF-REFERRAL-FOR-ENVIRONMENTAL-INSPECTION:--Indicate month, day and year for the date referral was made (e.g. 7-01/12/90).
- 31- DATE-OF-NURSE-HOME-BEAD-INVESTIGATION:--Enter the month, day and year of the nurse home visit (e.g. 7-09/10/90). Use two digits for month, day and year. Report information within 90 days of confirmation of receipt of the Childhood Lead Poisoning Report of 15 mcg/dl to:
 Illinois Department of Public Health
 Childhood Lead Poisoning Reporting System
 Division of Family Health
 535 West Jefferson
 Springfield IL 62761

(Source: Amended at 20 Ill. Reg. _____, effective _____)

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Section 845. EXHIBIT C Instructions for Reporting Information by Delegate Agencies on Environmental Inspection for Cases of 20 mcg/dl and Above (Repealed)

1- CASE DATA

Last-Name:--Provide-the-complete-last-name:
 First-Name:--Provide-the-complete-first-name:
 Maiden-Name:--Provide-the-Mother's-maiden-name-of-the-case:
 Date-of-Birth:--Provide-the-case's-date-of-birth--month-day-year:
 Locations--Where--inspections--were--conducted:--Provide--street--number,
 street-name-and-city:

2- DATE-OF-ENVIRONMENTAL-INSPECTION:--Indicate-the-date--the--environmental
 inspection--was--conducted-by-month-day-and-year-(e.g., 09/15/98).--Enter
 two-digits-for-the-month, day, and year:

3- INSPECTION-RESULTS:--Indicate-1-for-lead-paint-hazard, interior-only;--2
 for--lead-paint--hazard,--exterior-only;--3-for-lead-paint-hazard, both
 interior-and-exterior; or 4-for-no-lead-paint-hazard-found.

4- NON-LEAD-PAINT-HAZARD:--Indicate-1-for-soil; 2-for-water; 3-for-air;--4
 for-dust; or 9-for-unknown:

5- DWELLING-TYPE-WHERE-LEAD-HAZARD-WAS-IDENTIFIED:--Indicate-1-for-detached
 single-residence; 2-for-attached-single-residence; 4-for-day-care; 5-for
 school; or 6-for-other:

6- LEAD-HAZARD-WAS-ABATED:--Indicate-1-for-yes; 2-for-no:

7- ALTERNATIVE-HOUSING-PROVIDED:--Indicate-1-for-yes; if child was removed
 from-the-premises-while-remediation-was-occurring; 2-for-no; or 9-for
 unknown:

9- VIOLATION-OF-DEPARTMENT-RULES:--Indicate-1-for-yes;--if-the-State's
 Attorney's-Office-was-required-to-take-legal-action-for-the-removal-of
 the-lead-hazard; or 2-if-no-legal-action-was-required:

Mail-completed--form--within-30-business-days-upon-completion-of-environmental
 inspection-process-to:

Illinois-Department-of-Public-Health
 Division-of-Family-Health
 Childhood-Lead-Poisoning-Reporting-System
 535-W-Jefferson-Street
 Springfield-IL-62761

(Source: Repealed at 20 Ill. Reg. _____, effective _____)

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Section 845. APPENDIX B Testing for Lead in Paint by Portable X-Ray Fluorescence Lead in Paint Analyzer (XRF) (Repealed)

Operation-of-the-XRF-and-interpretation-of-Measurements

This-Section-is-devoted-exclusively-to-direct-reading-XRFs--the-qualifier
 "direct-reading"--will--generally-be-omitted--in-this-Section-only--where-are
 four-topics--first--tests-for-correct-operation-of-the-instrument--second
 improving-the-precision-of-the-reading-by-taking-repeated-measurements--third
 improving-accuracy-by-correcting-for-the-reading-obtained-on-the-substrate-to
 which-the-paint-adheres--fourth--statistical-rules-for-deciding-whether-the
 lead-level-in-the-paint-exceeds-the-standard:

1) Checking-the-Operation-of-the-XRF

There-are-two-different-types--of--checks--that--the--operator--should
 perform--to--ensure--that--the--instrument-is-operating-properly--the-XRF
 should-be-tested-hourly-against-the-manufacturer's--standards--or--if
 the-inspection-time-is-less-than-one-hour--at-the-beginning-and-end-of
 unit--inspection--the--instrument--should--give-a-reading-within-the
 specified-tolerance-for-each-standard--especially--the-zero-standard--
 The--manufacturer's--specifications--generally--require--that--the
 variability--to-be-expected--in-a-single-measurement-be-no-greater-than
 0.5-mg/cm²--this-can-be-checked-quite-simply-by-taking-3-repeated
 measurements--at--the--same-point--these-will-generally-be-different
 not-necessarily--because--of--operator-error--or--problems--with--the
 instrument--but--because--of--the--natural-variability--of--XRF
 measurements--However--too-great-a-variation--in--the--3--values--can
 provide--a--reliable--indication--of--problems--if--the--range
 (maximum-minimum) of the three measurements exceeds 1.7-mg/cm²--the
 measurements-should-be-discarded-and-the-process-repeated--Often--the
 problem--will-be-due-to-a-change-in-substrate-and-will-correct-itself--
 if-the-second-set-of-three-measurements-also-fails--the-range-check
 the-specific-XRF-should-not-be-used-on-that-type-of-building
 component-and-should-be-checked-against-the-manufacturer's--standards
 to-determine-whether-it-is-operating-properly:

2) Improving-Precision-by-Repeated-Measurements

The-basic-technique-for-reducing-the-variability-of-XRF-readings-is-to
 take-repeated-measurements--at--the--same-point--Statistical-theory
 shows--that--the-variability--of--the--average--of--a--set--of--repeated
 measurements--is-less-than-the-variability-of-individual-measurements--
 For-example--the-average-of-three-independent-readings--is--42%--less
 variable--than--a--single-reading--The-greater-the-number-of-repeated
 measurements--the-greater-the-reduction-in-variability--For-practical
 reasons--XRF-operators-are-generally-required-to-take--three--readings
 at--each--sampled--point--An-exception-may-be-made-when-the-first-two
 readings-are-very-high-e.g., over-6.0-mg/cm²--two--such--readings
 are--considered--reliable--evidence--that--the--lead-level-in-the-paint
 exceeds-the-standard--In-the-rest-of-this-Section--an-XRF-reading
 will--be--assumed--to--be--the--average--of--three--repeated-measurements,
 unless--otherwise--noted:

3) Improving Accuracy by Correcting for the Substrate Reading
The XRP instrument will give a zero lead reading only on certain very
simple substrates for which it is set to zero by the manufacturer. In
other words, the XRP will generally give a nonzero reading on a
surface that is lead free. Such readings can be positive or negative.
In the NISG study, readings as high as 2.0 mg/cm² were obtained on
lead free surfaces. This means that, unless the XRP reading is very
high, there is a real possibility of interference by the substrate
beneath the paint.
A reading of 3.0 mg/cm² on a flat surface or 4.0 mg/cm² on a
curved surface or one whose area is less than the minimum specified by
the manufacturer is considered sufficiently high to provide assurance
that the lead level in the paint exceeds 1.0 mg/cm². If the reading
is below these levels, the owner or its agent can choose either to
obtain laboratory analysis for the component or to correct the XRP
measurement for interference from the substrate. This is accomplished
by removing the paint down to the bare substrate, taking three
repeated measurements on the bare substrate, averaging these
measurements, and subtracting this result from the reading obtained on
the paint. The following terminology is often used:
Apparent Lead Concentration (ALC) = Average of 3 paint readings
Substrate Equivalent Lead (SEL) = ALC - Average of 3 bare substrate readings
Corrected Lead Concentration (CLC) = ALC - SEL
The NISG study showed that, for practical purposes, the substrate
correction removes any bias in the lead concentration reported by the
XRP. It is quite possible for the CLC to be negative because of the
variability of the instrument. However, a CLC of 0.6 mg/cm² or
less is an indication that the specific XRP does not provide reliable
readings on the component being tested. The XRP should be checked
against the manufacturer's standards to ensure it is operating
properly.
In inspecting the dwelling unit, it will generally be possible to
establish substrate corrections applicable to all components of the
same type in similar units. Thus, for example, all doors in a
building may be of the same construction. In such cases, paint need
be removed from only one or two of the components in order to
determine the substrate correction. This will greatly reduce the
number of samples for which paint must be scraped. However, the
inspector must be careful to ensure that the substrate truly is the
same as the one for which an SEL determination has been made. Thus,
this approach will generally not be feasible when inspecting a project
which consists of a large number of dissimilar buildings.
4) Statistical Rules for Deciding Whether the Lead Level in Paint Exceeds
the Standard
Although the techniques of taking 3 repeated measurements and
correcting for interference from the substrate as described above
greatly improve the quality of the XRP reading, considerable
measurement variability remains, especially at lead levels close to

the standard of 1.0 mg/cm². This makes it difficult to correctly
classify paint with a lead level close to 1.0 mg/cm². Two types of
error are possible. The first is a false positive, i.e., classifying
the paint as having a lead level above 1.0 mg/cm² when it actually
has a lead level below 1.0 mg/cm². The second type of error is a
false negative, i.e., a failure to detect a lead level above 1.0
mg/cm². The two types of errors have different consequences. False
positives lead to unnecessary abatement while false negatives may
have serious health consequences for resident children.
To minimize the incidence of the two types of errors, the inspector
should report his/her results to the PHA as follows: If a CLC of 1.6
mg/cm² or greater is obtained, then a positive reading is reported.
If the CLC is below 0.5 mg/cm², a negative is reported. For CLCs
between 0.5 and 1.5 mg/cm², the result is reported as ambiguous.
The inspector should provide a summary of his/her results, specifying
for each type of building component the number tested and the number
of positive, negative and ambiguous test results. This summary will
be used to decide on the need for further XRP testing, laboratory
confirmation or abatement.

(Source: Repealed at 20 Ill. Reg. _____, effective _____)

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Section 84.5, Appendix C Testing for Lead Using Spectrum Analyzer Diagram of Building Components #1

When a spectrum analyzer with energy resolution greater than (about) 3 KeV (PWHM-0.75-KeV) is used to store the paint- α -K-X-ray spectrum, it is helpful to record the sample information and the number of the stored spectrum. Also, α -K-X-rays can be used for lead screening with a spectrum analyzer provided that the analyzer has sufficient resolution to differentiate lead from other elements (tin, copper, etc.) which could give false positive results. Screening with α -K-X-rays provides a very rapid, nondestructive, semi-quantitative method. If lead α -K-X-ray intensity indicates more than 1.0 mg/cm² of lead is present, the α -K-X-ray intensity will indicate a much higher amount. The opposite is not true. α -K-X-ray intensity should be used when quantitative analysis is desired. Sample sheets should be developed to accommodate this type of technology.

Instructions for Completing a BBP Inspection Form for Direct-Reading XRP's and Spectrum Analyzers

Example BBP inspection forms are attached. These forms illustrate the kind of information that should be recorded by inspectors performing assays for lead in paint in buildings. Some of the information, such as number of doors, number of window number and types of rooms, is important in estimating the extent of any abatement indicated by the results of the lead inspection. Inspection forms have been developed in a spreadsheet format (Lotus 1-2-3) which performs calculations from the data obtained.

COVER PAGE:

This page is designed to be a cover page for the entire unit to be inspected for BBP. The total number of rooms to be inspected should be noted. The number of pages which follow that are relevant to this specific unit should be indicated on this page. The inspector and XRP operators should be noted on this page. The inspector should initial this page and all pages that follow to certify the results of the inspection.

A map of the dwelling unit should be constructed and rooms numbered from left to right (clockwise) from the entry to ensure that the sampled surfaces can be located. Constructing such a map will assist in planning abatement of surfaces which are determined to be hazardous.

All XRP's which are used in the unit should be recorded by manufacturer and serial number. This is important when several different XRP's are used in a project and one breaks down during the inspection. It may be necessary to reinspect the units that were assayed by the XRP.

The sequence number of the unit inspection for that day should be recorded. In some cases the XRP zero may drift beyond manufacturer's tolerances. If the zero is checked hourly or at the beginning and end of each unit inspection, the effects of zero drift on XRP accuracy can be minimized. Recording the starting time and the sequence number of the unit inspected and then recording the XRP samples in a

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numerical sequence in the order in which they were performed will allow for the operator to establish that the maximum effect of the zero drift was during the time of the inspection. Each XRP should be standardized both before and after a unit inspection.

FRONT PAGE:

This page is designed to be a front page for a specific room inspected for BBP. The room should be indicated by a number consistent with the cover page numbering. A map of the room should be constructed in the space provided. The map should indicate closets, windows, doors, etc., by number. The purpose of the map is to clearly indicate where any lead hazard exists in the room. The number of windows and doors will be helpful in abatement planning if necessary. Each sampled spot should be indicated by number on the map. The number used must correspond to the number of the sample on the data recording portion of the forms.

Each XRP sample should be assigned a number chronologically sequenced which correlates to a number on the map of the room constructed at the beginning of the room inspection. Each sample number should be associated with a specific XRP. In the event that an XRP malfunctions it may be necessary to repeat the analysis on those samples with another functioning XRP. For example, if two XRP's are used, serial #213 and 1474, then one can be noted as A on the COVER PAGE and the other B. The samples can then be numbered as A-1 for XRP-A, 7-Room 147-XRP sample "11". Other numbering schemes are satisfactory as long as a specific XRP can be associated with a specific XRP sample.

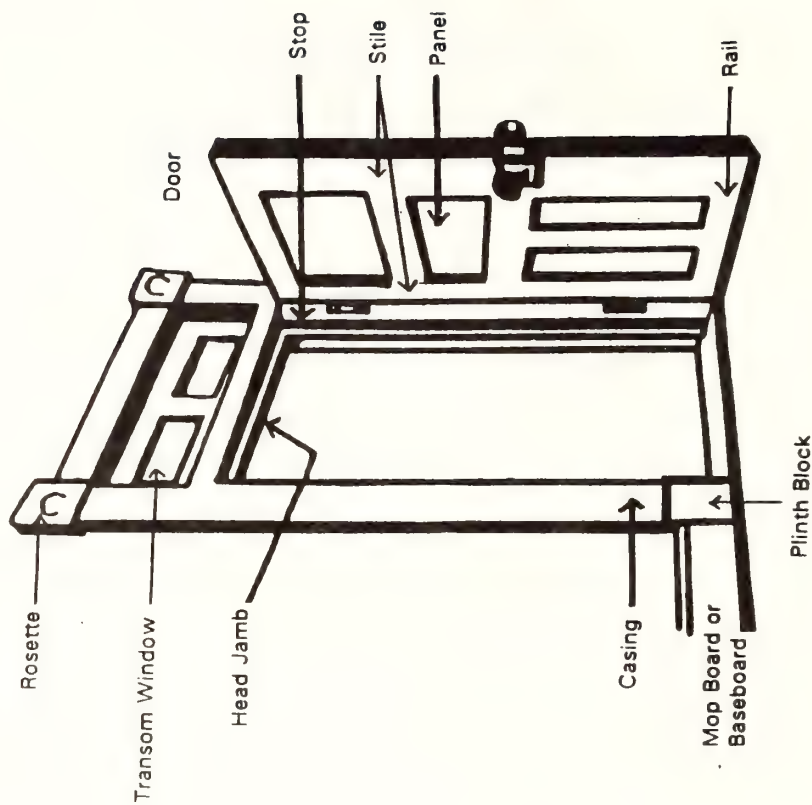
DATA PAGES:

Spaces are provided to record a maximum of 3 Ages and 3 SBs per XRP sample for direct reading XRP's. The average of the readings, the calculated GBC (if necessary), and the results of the laboratory test on the paint film, typically 3 readings are necessary but 2 readings are sufficient if they are greater than 6 mg/cm². The result of at least one single read cycle is recorded and repeated 3 times in the same spot. Successive averages of multiple readings can also be recorded, provided that the single reading range can be derived from the readings to ensure that this range is less than or equal to 1.7 mg/cm².

(Source: Amended at 20 Ill. Reg. _____, effective _____)

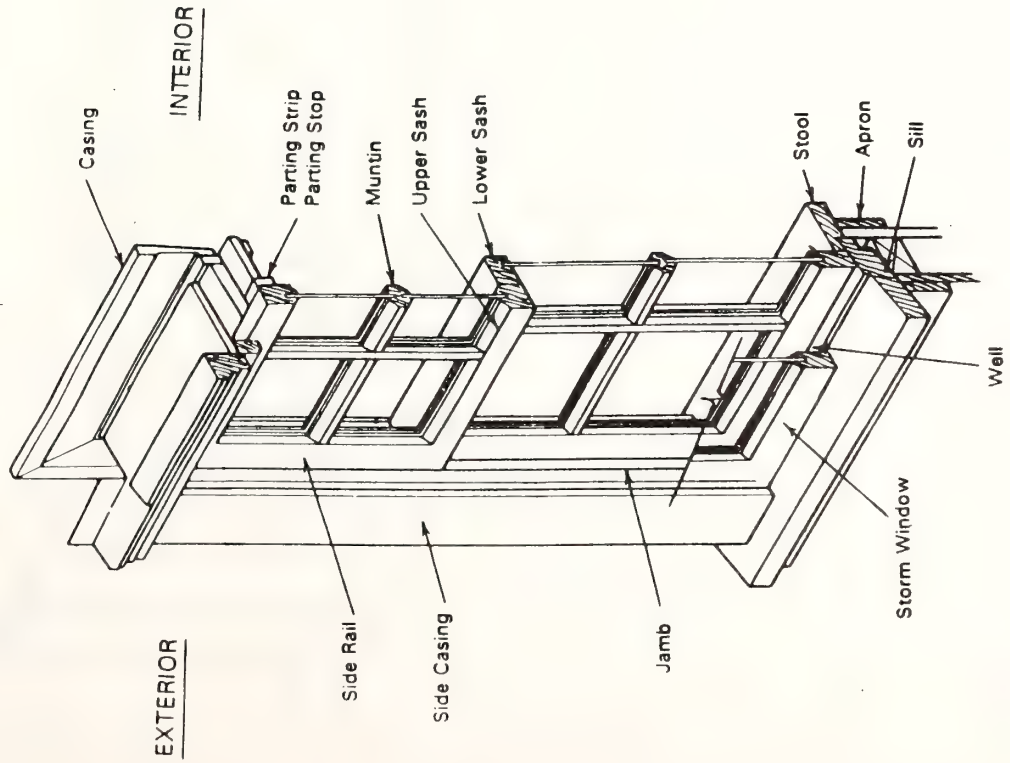
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Diagram of Building Components



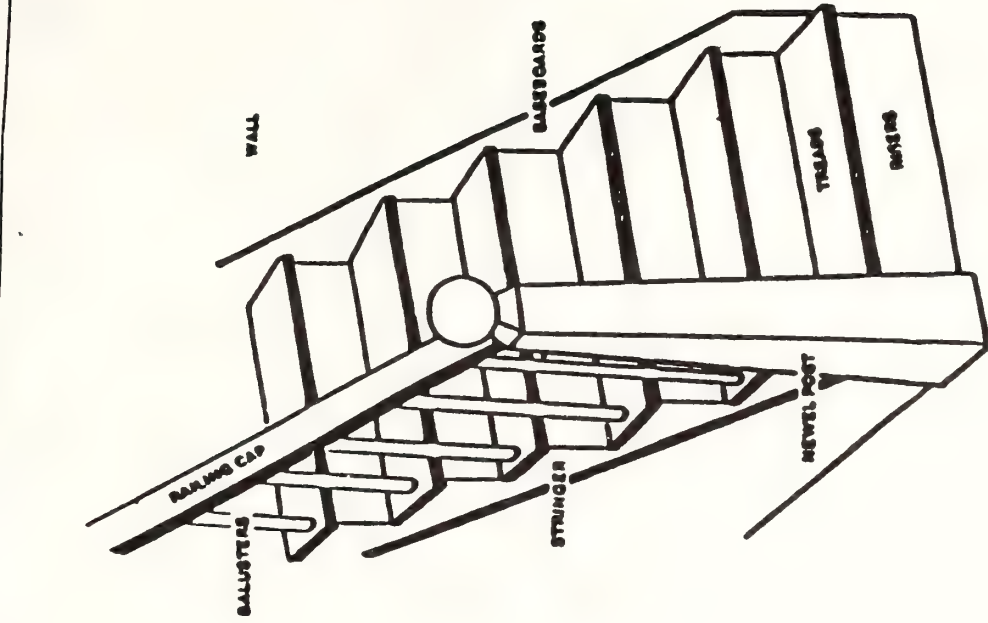
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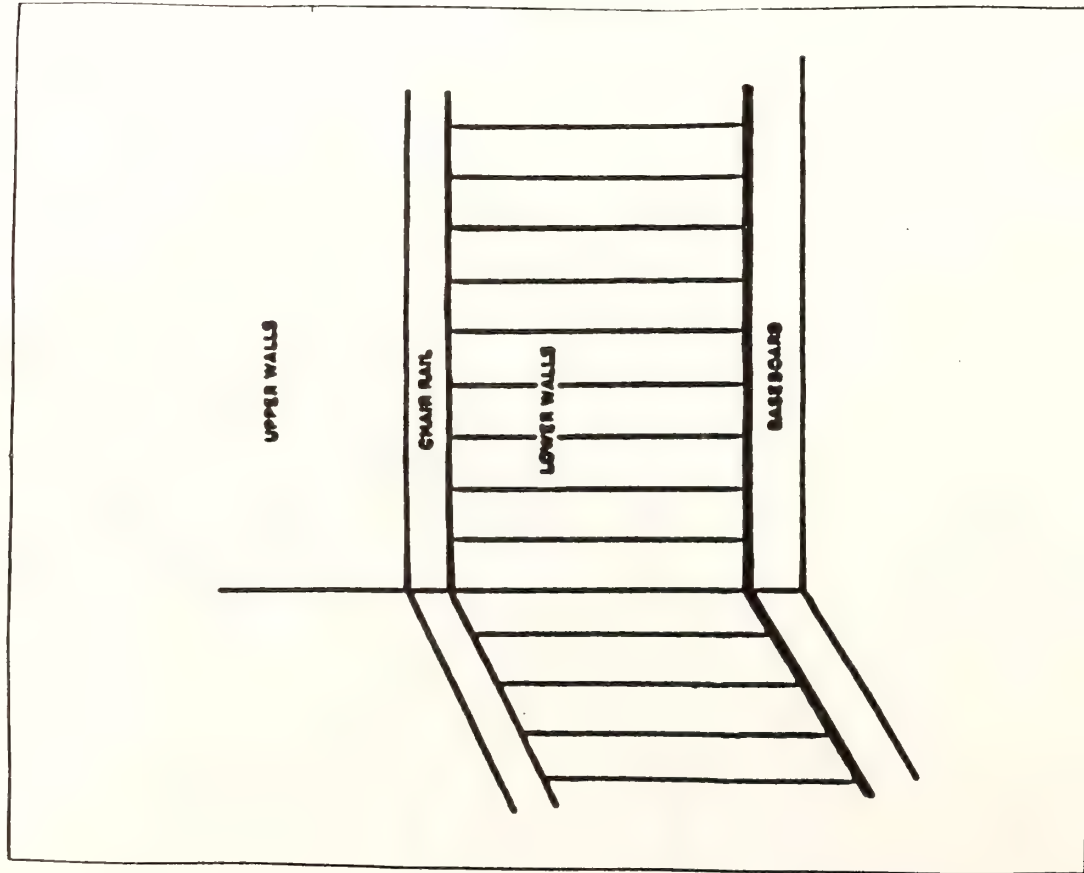
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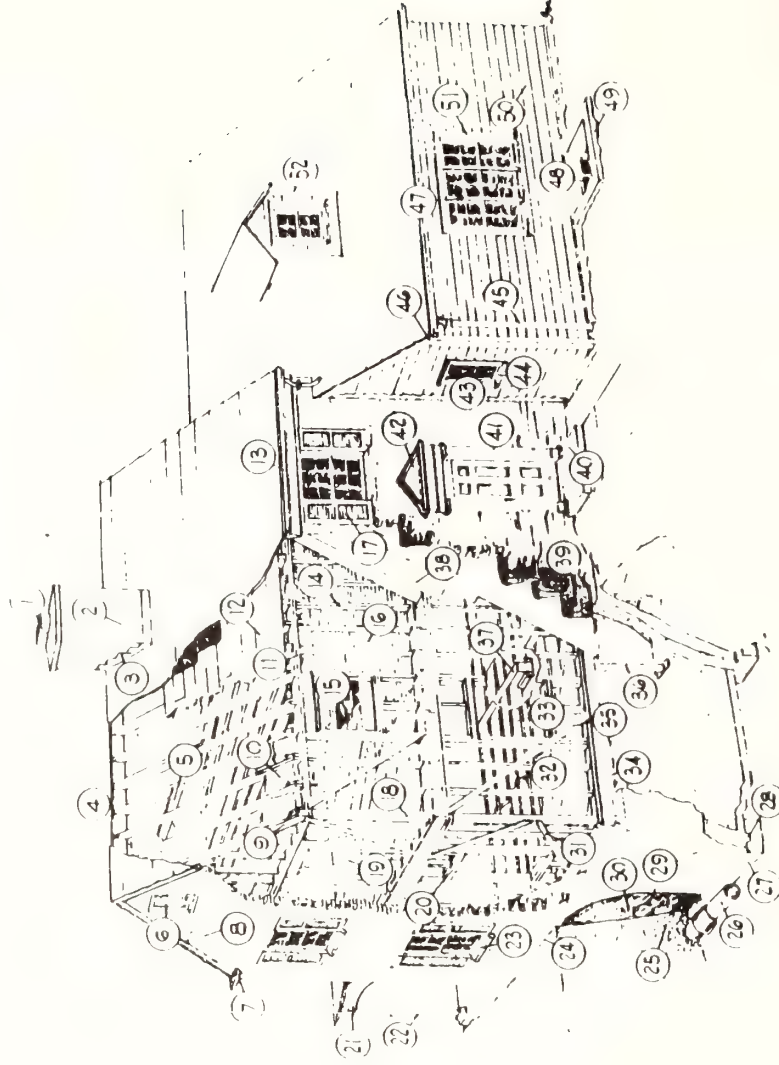
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1. Chimney flues or pots
2. Chimney
3. Flashing
4. Ridgeboard
5. Collar beam
6. Vent: lower
7. Cornice return
8. Brick veneer
9. End rafter
10. Insulation
11. Top double plate

12. Roof decking
13. Gutter
14. Stud
15. Flooring paper
16. Finish flooring
17. Shutter
18. Corner post
19. Subfloor
20. Linet: header
21. Porch frieze board
22. Porch post

23. Brick sill
24. Grade line
25. Cinder or gravel fill
26. Drain tile
27. Footing
28. Keyway
29. Foundation wall
30. Waterproofing
31. Knee brace
32. Bridging
33. Floor joists

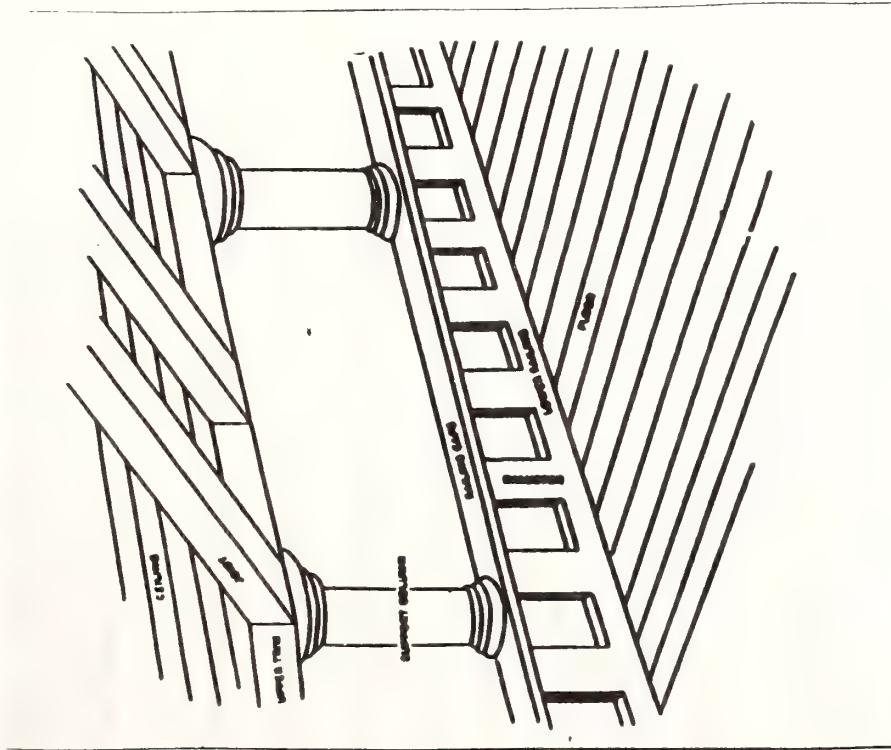
34. Sill plate
35. Corner brace
36. Steel column
37. Beam: girder
38. Wall sheathing
39. Building paper
40. Sloop
41. Trim plaster
42. Pediment door trim
43. Double-hung window
44. Window sill

45. Downspout
46. Rake mold
47. Mullion
48. Basement window
49. Arreway wall
50. Level siding
51. Wood window trim
52. Dormer

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ENVIRONMENTAL EXPOSURE, CHILDREN WITH SIBLINGS WHO HAVE ELEVATED BLOOD LEAD LEVELS SHOULD HAVE BLOOD LEAD TESTING.

The Lead Risk Assessment Tool may be used to complete the Lead Assessment component of the Well Child visit. The assessment is recommended annually for all children from 6 months through 24 months of age.

POSSIBLE METHODS OF EXPOSURE

OCCUPATIONS	HOBBIES
Auto repairers	Car or boat repair
Battery manufacturers or repairers	Casting lead figures (toy soldiers, etc.)
Brass/copper foundry	Furniture refinishing
Bridge reconstruction workers	Home remodeling
Chemical/chemical preparation manufacturers	Jewelry making
Construction workers	Lead soldering (i.e., electronics)
Gas station attendants	Painting
Glass manufacturers	Preparing lead shot, fishing sinkers, bullets
Industrial machinery equipment operators	Reloading cartridges
Lead smelters and refiners	Stained glass making
Lead miner	Target shooting at firing ranges
Plastics manufacturers	
Plumbers, pipe fitters	
Police officers	
Printers	
Radiator repair	
Rubber products manufacturers	
Steel welders and cutters	

ENVIRONMENTAL	OTHER
Ceramicware/Pottery	Asian Cosmetics
Lead crystal	Folk remedies (greta, azarcon, pay-loo-ah, ghasard, Hai ge fen, Bali Goli, Kandu, Kohl, X-yoo-Pa, Mai ge fen and poying ton)
Lead paint	Imported food in lead soldered cans
Lead painted homes	
Lead soldered cans (imported)	
Proximity to lead related industries	
Renovating/remodeling older homes	
Soil/dust near industries, roadways	
Use of water from leaded pipes	

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Section 845.APPENDIX F Childhood Lead Risk Assessment Questionnaire
ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF FAMILY HEALTH
CHILDHOOD LEAD RISK ASSESSMENT QUESTIONNAIRE

Medical evaluation of a patient to determine lead exposure includes knowledge of the child's geographic location and living conditions in combination with the history and physical exam. The first question in this process is:

DOES THE CHILD, AGE 6 MONTHS TO 24 MONTHS, LIVE IN A HIGH RISK ZIP CODE AREA (REFER TO ZIP CODES ON REVERSE SIDE)?
(If "N" continue with additional questions) Y N

ASSESSMENT OF ALL OTHER CHILDREN Circle the appropriate response

- Does the child, age 6 months to 24 months:
Live in or regularly visit a home or building (school or daycare) built before 1960? Y N
Live in or regularly visit a home or building built before 1960 which has recently been or is currently under renovation or remodeling? Y N
Live with a person whose occupation or hobby involves exposure to lead? Y N
Receive or have ever received herbal medicines or home remedies (see guidelines)? Y N

POPULATION BASED ASSESSMENT QUESTIONS
(Use at physician's discretion)

- Live close to an active lead smelter, battery recycling plant, lead mine, and/or other industry likely to release lead into the environment? Y N
Does the family use imported or glazed ceramics for food preparation, storage or as dinnerware? Y N
Ever been to Central or South America or Mexico where lead exposure could potentially occur? Y N

CHILDREN WITH A POSITIVE RESPONSE TO ANY ONE OF THE QUESTIONS NOTED ABOVE WILL NEED BLOOD LEAD TESTING TO COMPLETE THE SCREENING PROCESS. DUE TO SIMILAR

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HIGH RISK Blood test mandatory. Repeat as noted in Guidelines.

ZIP CODE

LOW RISK Blood lead test required for
ZIP CODE any yes answer. Follow-up
as indicated in Guidelines.

No blood lead test
required when all
answers are no.

Reassess annually at each
Well Child Center.

(Source: Amended at 20 Ill. Reg. _____, effective _____)

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Section 845.APPENDIX G Information Agreement

Information Agreement

The Illinois Department of Public Health ("Department"), and

agree as follows: ("Applicant"),

1) The Department will provide data dealing with children who have been tested for lead poisoning in Illinois as outlined in the letter of application.

2) The applicant agrees that

a) use of data is restricted to the purpose outlined in the letter of application (Attachment A) and any other or additional use of the data may result in immediate termination of this agreement by the Department;

b) any and all data which may lead to the identity of any child or parent, research subject, physician, informant, other person or hospital is strictly privileged and confidential. Applicant agrees to keep all such data strictly confidential at all times;

c) all officers, applicants and employees of Applicant will keep all such data strictly confidential. Applicant will communicate the requirements of this Section to all officers, applicants and employees, will discipline all persons who may violate the requirement of this section, and will notify the Department in writing within 48 hours of any violation of this section, including full details of the violation and corrective actions to be taken;

d) all data provided by the Department pursuant to this agreement is the sole property of the Department. Any copies by applicant of data provided by the Department pursuant to this agreement are subject to all provisions contained herein. Any copies of data created by Applicant will be destroyed upon completion of the purpose outlined in the application.

e) The applicant agrees to forward to the Department copies of proposed publications containing data or interpretation of data received as a result of this agreement for the sole purpose of confirming compliance with this agreement.

f) any breach of any of the provisions of this agreement will void the agreement.

3) The applicant further agrees to state in publications and presentations concerning research which is the subject of this agreement that the Department was the source of data and that conclusions, opinions and recommendations are not necessarily those of the Department.

4) The Applicant and the Department understand and agree that this agreement may not be sold, assigned or transferred in any matter and that any actual or attempted sale, assignment or transfer shall render this agreement null, void and of no further effect.

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- 5) This agreement shall take effect upon signature by the applicant and the Director of Public Health.
6) All notices required or requested by either the Department or the Applicant shall be sent to the following addresses:

to the Department: Illinois Department of Public Health
Childhood Lead Poisoning Prevention Program
535 West Jefferson Street
Springfield, Illinois 62761-0001
Attn: Mary Miller

to the Applicant: _____

Attn: _____

- 7) The Applicant and the Department understand and agree that this Agreement constitutes the total agreement between them and that no promises, terms or conditions, either oral or written, express or implied, not recited, incorporated or referenced herein shall be binding.

Applicant _____ Department _____
(Signature) (Recommended by)
(Title) (Director, Department)
(typed/printed name) (Execution date)
(Source: Added at 20 Ill. Reg. _____, effective _____)

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Section 845 Appendix H Childhood Lead Poisoning Assessment and Screening Algorithm

Childhood Lead Poisoning Assessment and Screening Algorithm

Child present for a Well-Child Visit between the ages of 6 and 34 months

Has the child had a previous BLL?

NO YES

One previous BLL <10 mcg/dL

Two previous BLLs <10mcg/dL with no change in status of housing or potential exposure since last screening

Previous BLL ≥10 mcg/dL

Does the child live in a high risk zip code? (See reverse of questionnaire for the listing of high-risk zip codes)

YES NO

No further action

Assess and obtain BLLs as advised for the specific level

Complete the Risk Assessment Questionnaire

ONE OR MORE POSITIVE RESPONSES
NO POSITIVE RESPONSES

Perform capillary or venous screening for BLL

Reassess at the next Well-Child Visit

<10 mcg/dL
Recapillary risk assessment at subsequent Well-Child visits

10-14 mcg/dL
Follow-up with venous test within 6 months

15-19 mcg/dL
Follow-up with venous test within 3 months (or sooner if there is concern that the BLL might be increasing rapidly or the child is less than 1 year old)

20-29 mcg/dL
Follow-up with venous test within 1 week

30-49 mcg/dL
Follow-up with venous test within 48 hours

≥50 mcg/dL
Do venous testing immediately

Recommendations for subsequent assessment, screening, and/or treatment are based on the follow-up blood test.

(Source: Added at 20 Ill. Reg. _____ effective _____)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

(Source: Added at 20 Ill. Reg. _____, effective _____)

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULE

- 1) Heading of the Part: Environmental Laboratories Certification Fee Rules ("Certification Fee Rules")
- 2) Code Citation: 35 Ill. Adm. Code 185
- 3)

Section Numbers:	Adopted Action:
185.101	New Section
185.102	New Section
185.103	New Section
185.104	New Section
185.105	New Section
185.201	New Section
185.202	New Section
185.203	New Section
185.204	New Section
185.301	New Section
185.302	New Section

4) Statutory Authority: Implementing and authorized by Section 17.8 of the Illinois Environmental Protection Act [415 ILCS 5/17.8].

5) Effective Date of the Rules: September 24, 1996

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: September 23, 1996

9) Notice of Proposal Published in the Illinois Register: September 29, 1995, 19 Ill. Reg. 13481

10) Has JCAR issued a Statement of Objection to this rule? No

11) Differences between the proposed and adopted version: The IEPA has made changes to the text of these amendments in accordance with the recommendations of the Joint Committee on Administrative Rules ("JCAR"). In addition, the IEPA responded to the recommended changes of the Illinois Association of Environmental Laboratories and Applied Research and Development Laboratories, Inc. to include the following:

Section	Agency Action
185.103	The IEPA included new rule language for definitions of "inorganic parameters" and "organic parameters". In addition, the IEPA defined "anniversary date of the initial certification" to clarify laboratory's last certification date.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULE

185.201 The IEPA included language to clarify the "anniversary date of the initial certification" for the payment of the annual administrative assessment and the assessment for each certification.

12) Have all the changes agreed upon by the agencies and JCAR been made as indicated in the agreement letter issued by JCAR? The IEPA agreed to all the modifications identified by JCAR. On August 20, 1996, JCAR transmitted a Certificate of No Objection to Proposed Rulemaking to the IEPA.

13) Will these amendments replace an emergency amendment currently in effect?
No

14) Are there other proposed amendments pending on this Part? No

15) Summary and purpose of rules: The new rules establish the procedures for the determination and the collection of the annual administrative assessment fee and the laboratory certification fees from environmental laboratories for public water supply analyses, water pollution analyses, and for hazardous and other waste parameters. The rules implement the Environmental Laboratory Certification Fee legislation pursuant to Public Act 89-0368, that was signed by the Governor on August 18, 1995.

16) Information and questions regarding the adopted amendments should be directed to:

Stephen C. Ewart
Deputy Counsel
Division of Legal Counsel
Illinois Environmental Protection Agency
2200 Churchill Road, P.O. Box 19276
Springfield, IL 62794-9276
(217) 782-5544

The full text of the adopted amendments begins on the next page:

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULE

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE A: GENERAL PROVISIONS
CHAPTER II: ENVIRONMENTAL PROTECTION AGENCY

PART 185

ENVIRONMENTAL LABORATORY CERTIFICATION FEE RULES

SUBPART A: GENERAL

Section
185.101 Purpose
185.102 Applicability
185.103 Definitions
185.104 Relation to Other Fee Systems and Out-of-State Certification and Reciprocity Agreements
185.105 Severability

SUBPART B: PROCEDURES FOR DETERMINATION AND PAYMENT OF ASSESSMENTS

Section
185.201 Amount of the Assessments
185.202 Manner of Payment
185.203 Prohibition Against Refund
185.204 Audit and Access to Records

SUBPART C: PROCEDURES FOR PROCESSING APPLICATIONS

Section
185.301 Applications Containing the Entire Assessment
185.302 Applications Not Containing the Entire Assessment

AUTHORITY: Implementing and authorized by Section 17.8 of the Environmental Protection Act [415 ILCS 5/17.8] (see P.A. 89-0368, effective January 1, 1996).

SOURCE: Adopted at 20 Ill. Reg. 13359, effective

SEP 24 1996

SUBPART A: GENERAL

Section 185.101 Purpose

The purpose of this Part is to establish procedures for the determination and the collection of the annual administrative assessment and the annual laboratory certification assessments from environmental laboratories for public water supply analyses, water pollution analyses, and for hazardous and other waste parameters.

Section 185.102 Applicability

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULE

- a) Except as provided otherwise in subsection (b), this Part applies to each environmental laboratory that submits an application for certification or for renewal of certification for public water supply analyses, water pollution analyses, and for hazardous and other waste parameters.
- b) No assessment for the certification of environmental laboratories shall be due under this Part from any department, agency, or unit of State government or municipal government that conducts analyses of samples from public water supplies.

Section 185.103 Definitions

Unless specified otherwise, all terms shall have the meaning set forth in the Act. For purposes of this Part, the following definitions apply:

"Act" means the Environmental Protection Act [415 ILCS 5].

"Agency" means the Illinois Environmental Protection Agency.

"Anniversary date of the initial certification" means the date of the laboratory's last certification with the Agency pursuant to the laboratory certification program.

"Applicant" means an environmental laboratory that applies for certification and determination of assessments for public water supply analyses, water pollution analyses, and for hazardous and other waste parameters pursuant to Section 17.8 of the Act.

"Assessment" or "Fee" means the assessment prescribed by Section 17.8 of the Act.

"Inorganic Parameters" means all parameters not included in organic parameters.

"Organic Parameters" means all parameters analyzed by all forms of gas chromatography and high pressure liquid chromatography (excluding ion chromatography).

Section 185.104 Relation to Other Fee Systems and Out-of-State Certification and Reciprocity Agreements

- a) The assessments collected pursuant to this Part, and the assessment collection procedures set forth in this Part, are separate from, and in addition to, all other fees and fee systems established by law.
- b) No assessments will be waived due to out-of-state certification or reciprocity agreements.

Section 185.105 Severability

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULE

If any provision of this Part or the application thereof to any person or in any circumstance is adjudged invalid, such adjudication shall not affect the validity of this Part as a whole or any provision thereof not adjudged invalid.

SUBPART B: PROCEDURES FOR DETERMINATION AND PAYMENT OF ASSESSMENTS**Section 185.201 Amount of the Assessments**

- a) Beginning January 1, 1996 and each year thereafter, each laboratory shall pay an annual administrative assessment of \$350 at the time the laboratory submits its request for certification, or on the renewal date of certification and on the anniversary date of the initial certification in accordance with the certification assessment of subsection (b).
- b) Beginning January 1, 1996 and each year thereafter, each laboratory that requests certification shall pay the assessment for each certification at the time the laboratory submits an application and on the anniversary date of the initial certification based upon the following schedule:

- 1) For certification to conduct public water supply analyses:
 - A) \$350 per year for inorganic parameters; and
 - B) \$350 per year for organic parameters.
- 2) For certification to conduct water pollution analyses:
 - A) \$700 per year for inorganic parameters; and
 - B) \$700 per year for organic parameters.
- 3) For certification to conduct analyses of solid or liquid samples for hazardous or other waste parameters:
 - A) \$900 per year for inorganic parameters; and
 - B) \$900 per year for organic parameters.

Section 185.202 Manner of Payment

Payment of the assessment must be by check or money order payable to: "Treasurer, State of Illinois" and shall be submitted with the certification application to:

Illinois Environmental Protection Agency
Division of Laboratories
2200 Churchill Road
P.O. Box 19276
Springfield, Illinois 62794-9276

Section 185.203 Prohibition Against Refund

Any assessment remitted to the Agency under this Part shall not be refunded at any time for any reason, either in whole or in part.

Section 185.204 Audit and Access to Records

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULE

- a) Each applicant for which an assessment is due under this Part shall preserve and maintain all records relating to this assessment for at least 5 years after the date that the application is received by the Agency.
- b) The records described in subsection (a) shall be available to the Agency or its authorized representative (e.g., auditor, contractor) for examination during normal business hours.

SUBPART C: PROCEDURES FOR PROCESSING APPLICATIONS

Section 185.301 Applications Containing the Entire Assessment

Applications received by the Agency will be logged in and assigned a receipt date and number if the following conditions are met:

- a) The application is complete in accordance with Section 17.8 of the Act and this Part; and
- b) The entire assessment due under Section 185.201 of this Part is included with the application.

Section 185.302 Applications Not Containing the Entire Assessment

Applications not containing the entire assessment shall be considered incomplete and the Agency shall take the following actions in response to such application:

- a) The Agency shall deposit any assessments submitted along with the application, and shall notify the applicant by certified mail of the assessment deficiency. Within 30 days the applicant must submit the balance of the assessment that is due.
- b) If the entire assessment due is received by the Agency within 30 days after issuance of the notice under subsection (a), the Agency shall log in the receipt of the application and review it in accordance with Section 185.301 of this Part.

DEPARTMENT OF REVENUE

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Income Tax
- 2) Code Citation: 86 Ill. Adm. Code 100
- 3) Section Numbers: Adopted Action:
100.2330 Amendment
- 4) Statutory Authority: 35 ILCS 207 and 1401
- 5) Effective Date of Rulemaking: September 27, 1996
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: September 25, 1996
- 9) Notice of Proposal Published in Illinois Register: June 21, 1996, 20 Ill. Reg. 8271
- 10) Has JCAR issued a Statement of Objections to these rules? No
- 11) Difference(s) between proposal and final version: No changes were made.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? Yes
- | Section Numbers | Adopted Action | Illinois Register Citation |
|-----------------|----------------|-----------------------------|
| 100.9710 | New Section | 7/19/96, 20 Ill. Reg. 9488 |
| 100.2470 | Amendment | 7/26/96, 20 Ill. Reg. 9840 |
| 100.2580 | New Section | 9/20/96, 20 Ill. Reg. 12575 |
- 15) Summary and Purpose of Rulemaking: Section 207 of the Illinois Income Tax Act allows corporations, trusts and estates, and partnerships to carryover and carryback net operating losses. This rulemaking sets forth the procedure for making an election to forgo the net operating loss carryback period. The rulemaking provides that the election shall be made on the taxpayer's return for the taxable year of the net operating loss and shall be made by the due date, including extensions of time, for filing the taxpayer's return for the taxable year of the net loss.
- 16) Information and questions regarding this adopted amendment shall be directed to:

DEPARTMENT OF REVENUE

NOTICE OF ADOPTED AMENDMENTS

Keith Staats
Associate Chief Counsel - Income Tax
Illinois Department of Revenue
Legal Services Office
101 West Jefferson
Springfield, IL 62794
(217) 782-7055

The full text of the Adopted Amendment begins on the next page:

DEPARTMENT OF REVENUE

NOTICE OF ADOPTED AMENDMENTS

TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUE

PART 100
INCOME TAX

SUBPART A: TAX IMPOSED

Section
100.2000
100.2050

Introduction
Net Income (IITA Section 202)

SUBPART B: CREDITS

Section
100.2100
~~100.2150~~
100.2101
100.2110
100.2120
100.2130
100.2140
100.2150
100.2160
100.2170
100.2180

Replacement Tax Investment Credit Prior to January 1, 1994 (IITA 201(e))
~~Training-Expense-Credit-(IITA-201(f))~~
Replacement Tax Investment Credit (IITA 201(e))
Investment Credit; Enterprise Zone (IITA 201(f))
Jobs Tax Credit; Enterprise Zone and Foreign Trade Zone or Sub-Zone (IITA 201(g))
Investment Credit; High Impact Business (IITA 201(h))
Credit Against Income Tax for Replacement Tax (IITA 201(i))
Training Expense Credit (IITA 201(j))
Research and Development Credit (IITA 201(k))
Tax Credits for Coal Research and Coal Utilization Equipment (IITA 206)
Credit for Residential Real Property Taxes (IITA 208)

SUBPART C: NET OPERATING LOSSES OF UNITARY BUSINESS GROUPS
OCCURRING PRIOR TO DECEMBER 31, 1986

Section
100.2200

100.2210

100.2220

100.2230

100.2240

Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group (IITA Section 202) - Scope
Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group: (IITA Section 202) - Definitions
Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group: (IITA Section 202) - Current Net Operating Losses; Offsets Between Members
Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group: (IITA Section 202) - Carrybacks and Carryforwards
Net Operating Losses Occurring Prior to December 31, 1986, of

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Unitary Business Groups: Treatment by Members of the Unitary Business Group: (IITA Section 202) - Effect of Combined Net Operating Loss in Computing Illinois Base Income

100.2250 Net Operating Losses Occurring Prior to December 31, 1986, of Unitary Business Groups: Treatment by Members of the Unitary Business Group: (IITA Section 202) - Deadline for Filing Claims Based on Net Operating Losses Carried Back From a Combined Apportionment Year

SUBPART D: ILLINOIS NET LOSS DEDUCTIONS FOR LOSSES OCCURRING ON OR AFTER
DECEMBER 31, 1986

Section
100.2300 Illinois Net Loss Deductions for Losses Occurring On or After December 31, 1986

100.2310 Computation of the Illinois Net Loss Deduction

100.2320 Determination of the Amount of Illinois Net Loss Carryovers

100.2330 Illinois Net Loss Carrybacks and Net Loss Carryovers

100.2340 Illinois Net Loss Deductions of Corporations That are Members of a Unitary Business Group: Separate Unitary Versus Combined Unitary Returns

100.2350 Illinois Net Loss Deductions of Corporations that are Members of a Unitary Business Group: Changes in Membership

SUBPART E: ADDITIONS TO AND SUBTRACTIONS FROM TAXABLE INCOME OF INDIVIDUALS,
CORPORATIONS, TRUSTS AND ESTATES AND PARTNERSHIPS

Section
100.2470 Subtraction of Amounts Exempt from Taxation by Virtue of Illinois Law, the Illinois or U.S. Constitutions, or by Reason of U.S. Treaties or Statutes (IITA Sections 203(a)(2)(N), 203(b)(2)(J), 203(c)(2)(K) and 203(d)(2)(G))

SUBPART F: BASE INCOME OF INDIVIDUALS

Section
100.2590 Taxation of Certain Employees of Railroads, Motor Carriers, Air Carriers and Water Carriers

SUBPART G: BASE INCOME OF TRUSTS AND ESTATES

Section
100.2680 Capital Gain Income of Estates and Trusts Paid to or Permanently Set Aside for Charity

SUBPART I: GENERAL RULES OF ALLOCATION AND APPORTIONMENT OF
BASE INCOME

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Section
100.3000 Terms Used in Article 3 (IITA Section 301)

100.3010 Business and Nonbusiness Income (IITA Section 301)

100.3020 Resident (IITA Section 301)

SUBPART J: COMPENSATION PAID TO NONRESIDENTS

Section
100.3100 Compensation (IITA Section 302)

100.3110 State (IITA Section 302)

100.3120 Allocation of Compensation Paid to Nonresidents (IITA Section 302)

SUBPART K: NON-BUSINESS INCOME OF PERSONS OTHER THAN RESIDENTS

Section
100.3200 Taxability in Other State (IITA Section 303)

100.3210 Commercial Domicile (IITA Section 303)

100.3220 Allocation of Certain Items of Nonbusiness Income by Persons Other than Residents (IITA Section 303)

SUBPART L: BUSINESS INCOME OF PERSONS OTHER THAN RESIDENTS

Section
100.3300 Allocation and Apportionment of Base Income (IITA Section 304)

100.3310 Business Income of Persons Other than Residents (IITA Section 304) - In General

100.3320 Business Income of Persons Other Than Residents (IITA Section 304) - Apportionment

100.3330 Business Income of Persons Other Than Residents (IITA Section 304) - Allocation

100.3340 Business Income of Persons Other Than Residents (IITA Section 304)

100.3350 Property Factor (IITA Section 304)

100.3360 Payroll Factor (IITA Section 304)

100.3370 Sales Factor (IITA Section 304)

100.3380 Special Rules (IITA Section 304)

100.3390 Petitions for Alternative Allocation or Apportionment (IITA Section 304(f))

100.3400 Allocation of Compensation Paid to Nonresidents--(IITA-Section-302)

SUBPART N: TIME AND PLACE FOR FILING RETURNS

Section
100.5000 Time for Filing Returns: Individuals (IITA Section 505)

100.5010 Place for Filing Returns: All Taxpayers (IITA Section 505)

100.5020 Extensions of Time for Filing Returns: All Taxpayers (IITA Section 505)

100.5030 Taxpayer's Notification to the Department of Certain Federal Changes Arising in Federal Consolidated Return Years, and Arising in Certain

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Exempt Withholding Under Reciprocal Agreements (IITA Section 702)
SUBPART S: INFORMATION STATEMENT

100.7120 Section
100.7200 Reports for Employee (IITA Section 703)
SUBPART T: EMPLOYER'S RETURN AND PAYMENT OF TAX WITHHELD
Returns of Income Withheld from Wages (IITA Section 704)
Quarterly Returns Filed on an Annual Basis (IITA Section 704)
Time for Filing Returns (IITA Section 704)
Payment of Tax Deducted and Withheld (IITA Section 704)
Correction of Underwithholding or Overwithholding (IITA Section 704)

SUBPART U: COLLECTION AUTHORITY

Section
100.9000 General Income Tax Procedures (IITA Section 901)
100.9010 Collection Authority (IITA Section 901)
100.9020 Child Support Collection (IITA Section 901)

SUBPART V: NOTICE AND DEMAND

Section
100.9100 Notice and Demand (IITA Section 902)

SUBPART W: ASSESSMENT

Section
100.9200 Assessment (IITA Section 903)
100.9210 Waiver of Restrictions on Assessments (IITA Section 907)

SUBPART X: DEFICIENCIES AND OVERPAYMENTS

Section
100.9300 Deficiencies and Overpayments (IITA Section 904)
100.9310 Application of Tax Payments Within Unitary Business Groups (IITA Section 603)
100.9320 Limitations on Notices of Deficiency (IITA Section 905)
100.9330 Further Notices of Deficiency Restricted (IITA Section 906)

SUBPART Y: CREDITS AND REFUNDS

Section
100.9400 Credits and Refunds (IITA Section 909)

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Loss Carryback Years (IITA Section 506)
SUBPART O: COMPOSITE RETURNS

Section
100.5100 Composite Returns: Eligibility
100.5110 Composite Returns: Responsibilities of Authorized Agent
100.5120 Composite Returns: Individual Liability
100.5130 Composite Returns: Required forms and computation of Income
100.5140 Composite Returns: Estimated Payments
100.5150 Composite Returns: Tax, Penalties and Interest
100.5160 Composite Returns: Credit for Resident Individuals
100.5170 Composite Returns: Definition of a "Lloyd's Plan of Operation"

SUBPART P: COMBINED RETURNS

Section
100.5200 Election to File a Combined Return
100.5210 Procedure for Making the Election
100.5220 Designated Agent for the Members
100.5230 Combined Estimated Tax Payments
100.5240 Claims for Credit of Overpayments
100.5250 Liability for Combined Tax, Penalty and Interest
100.5260 Combined Amended Returns
100.5270 Computation of Combined Income and Tax
100.5280 Definitions and Miscellaneous Provisions Relating to Combined Returns

SUBPART Q: REQUIREMENT AND AMOUNT OF WITHHOLDING

Section
100.7000 Requirement of Withholding (IITA Section 701)
100.7010 Compensation Paid in this State (IITA Section 701)
100.7020 Transacting Business Within this State (IITA Section 701)
100.7030 Payments to Residents (IITA Section 701)
100.7040 Employer Registration (IITA Section 701)
100.7050 Computation of Amount Withheld (IITA Section 701)
100.7060 Additional Withholding (IITA Section 701)
100.7070 Voluntary Withholding (IITA Section 701)
100.7080 Correction of Underwithholding or Overwithholding (IITA Section 701)
100.7090 Reciprocal Agreement (IITA Section 701)
100.7095 Cross References

SUBPART R: AMOUNT EXEMPT FROM WITHHOLDING

Section
100.7100 Withholding Exemption (IITA Section 702)
100.7110 Withholding Exemption Certificate (IITA Section 702)

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100.9410 Limitations on Claims for Refund (IITA Section 911)
 100.9420 Recovery of Erroneous Refund (IITA Section 912)

SUBPART 2: INVESTIGATIONS AND HEARINGS

Section
 100.9500 Access to Books and Records (IITA Section 913)
 100.9505 Access to Books and Records -- 60-Day Letters (IITA Section 913)
 100.9510 Taxpayer Representation and Practice Requirements
 100.9520 Conduct of Investigations and Hearings

SUBPART AA: JUDICIAL REVIEW

Section
 100.9600 Administrative Review Law (IITA Section 1201)

SUBPART BB: DEFINITIONS

Section
 100.9700 Unitary Business Group Defined (IITA Section 1501)

SUBPART CC: LETTER RULING PROCEDURES

Section
 100.9800 Letter Ruling Procedures

APPENDIX A Business Income Of Persons Other Than Residents

TABLE A Example of Unitary Business Apportionment

TABLE B Example of Unitary Business Apportionment for Groups Which Include Members Using Three-Factor and Single-Factor Formulas

AUTHORITY: Implementing the Illinois Income Tax Act [35 ILCS 5] and authorized by Section 1401 of the Illinois Income Tax Act [35 ILCS 5/1401].

SOURCE: Filed July 14, 1971, effective July 24, 1971; amended at 2 Ill. Reg. 49, p. 84, effective November 29, 1978; amended at 5 Ill. Reg. 813, effective January 7, 1981; amended at 5 Ill. Reg. 4617, effective April 14, 1981; amended at 5 Ill. Reg. 4642, effective April 14, 1981; amended at 5 Ill. Reg. 5537, effective May 7, 1981; amended at 5 Ill. Reg. 5705, effective May 20, 1981; amended at 5 Ill. Reg. 5883, effective May 20, 1981; amended at 5 Ill. Reg. 6843, effective June 16, 1981; amended at 5 Ill. Reg. 13244, effective November 13, 1981; amended at 5 Ill. Reg. 13724, effective November 30, 1981; amended at 6 Ill. Reg. 579, effective December 29, 1981; amended at 6 Ill. Reg. 9701, effective July 26, 1982; amended at 7 Ill. Reg. 399, effective December 28, 1982; codified at 8 Ill. Reg. 19574; amended at 9 Ill. Reg. 16986, effective October 21, 1985; amended at 10 Ill. Reg. 685, effective December 31, 1985; amended at 10 Ill. Reg. 7913, effective April 28, 1986; amended at 10 Ill. Reg. 19512, effective November 3, 1986; amended at 10 Ill. Reg. 21941, effective

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December 15, 1986; amended at 11 Ill. Reg. 831, effective December 24, 1986; amended at 11 Ill. Reg. 2450, effective January 20, 1987; amended at 11 Ill. Reg. 12410, effective July 8, 1987; amended at 11 Ill. Reg. 17782, effective October 16, 1987; amended at 12 Ill. Reg. 4865, effective February 25, 1988; amended at 12 Ill. Reg. 6748, effective March 25, 1988; amended at 12 Ill. Reg. 11766, effective July 1, 1988; amended at 12 Ill. Reg. 14307, effective August 29, 1988; amended at 13 Ill. Reg. 8917, effective May 30, 1989; amended at 13 Ill. Reg. 10952, effective June 26, 1989; amended at 14 Ill. Reg. 4558, effective March 8, 1990; amended at 14 Ill. Reg. 6810, effective April 19, 1990; amended at 14 Ill. Reg. 10082, effective June 7, 1990; amended at 14 Ill. Reg. 16012, effective September 17, 1990; emergency amendment at 17 Ill. Reg. 473, effective December 22, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 8869, effective June 2, 1993; amended at 17 Ill. Reg. 13776, effective August 9, 1993; Sections 100.2250 through 100.2400 recodified to Section 100.2000 through 100.2400 at 17 Ill. Reg. 14189; amended at 17 Ill. Reg. 19632, effective November 1, 1993; amended at 17 Ill. Reg. 19966, effective November 9, 1993; amended at 18 Ill. Reg. 1510, effective January 13, 1994; amended at 18 Ill. Reg. 2494, effective January 28, 1994; amended at 18 Ill. Reg. 7768, effective May 4, 1994; amended at 19 Ill. Reg. 1839, effective February 6, 1995; amended at 19 Ill. Reg. 5824, effective March 31, 1995; emergency amendment at 20 Ill. Reg. 1616, effective January 9, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 6981, effective May 7, 1996; amended at 20 Ill. Reg. 10706, effective July 29, 1996; amended at 20 Ill. Reg. ~~13365~~, effective ~~July 29, 1996~~.

SUBPART D: ILLINOIS NET LOSS DEDUCTIONS FOR LOSSES OCCURRING ON OR AFTER DECEMBER 31, 1986

Section 100.2330 Illinois Net Loss Carrybacks and Net Loss Carryovers for Losses Occurring On or After December 31, 1986

a) Years to which Illinois net losses may be carried. IITA Section 207 provides that a carryback or carryover deduction shall be allowed in the manner allowed under Section 172 of the Internal Revenue Code. The federal rules concerning the years to which a loss may be carried are contained in Section 172(b) of the Code and in Treas. Reg. Sec. 1.172-4(a)(1). These rules, as now in effect or hereafter amended, shall be followed for Illinois income tax purposes and shall apply to corporations, partnerships, trusts and estates. In general, an Illinois net loss shall be carried back to the three preceding taxable years and shall be carried over to the fifteen succeeding taxable years. Special provisions apply to regulated transportation companies, financial institutions, product liability losses and other entities or situations, and the provisions in the Internal Revenue Code and Treasury Regulations relating to the years to which a loss may be carried shall be followed.

b) Election to forgo ~~forego~~ carryback period.

1) Any taxpayer entitled to a net loss carryback may elect to

DEPARTMENT OF REVENUE

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relinquish the entire carryback period with respect to a net loss for any taxable year ending on or after December 31, 1986. Such election shall be made on the taxpayer's return for the taxable year of the net loss and shall be made by the due date (including extensions of time) for filing the taxpayer's return for the taxable year of the net loss. Such election, once made for any taxable year, shall be irrevocable for that taxable year.

- 2) If such election is made on any return which is filed in accordance with Section 502(e) of the Illinois Income Tax Act, the election will be considered to be in effect for all eligible members of the return for the taxable year for which such election is made.

- 3) If the timely return for the taxable year reflects Illinois income and:

A) a finalized federal change eliminates Illinois income thereby creating an Illinois net loss for the year, the taxpayer may make the election to relinquish the entire carryback period for the Illinois net loss on an amended return or form prescribed by the Department within the 120 day time period prescribed by Section 506(b) of the Illinois Income Tax Act, or

B) an Illinois audit or other Illinois change eliminates Illinois income thereby creating an Illinois net loss for the year, the taxpayer may make the election to relinquish the entire carryback period for the Illinois net loss on forms prescribed by the Department at the time the loss is first reported to Illinois.

- c) Portion of Illinois net loss which is a carryback or a carryover to the taxable year in issue. An Illinois net loss shall first be carried to the earliest of the several taxable years for which such loss is allowable and shall then be carried to the next earliest of such several taxable years, etc. The portion of the loss which shall be carried to any of such several taxable years subsequent to the earliest taxable year is the excess of such net loss over the sum of the aggregate of the net incomes for all of such several taxable years (without regard to Illinois net loss deductions for such years) preceding such subsequent taxable year. This is illustrated in the following Example.

EXAMPLE: A taxpayer that makes its return on the calendar year basis has an Illinois net loss for 1986. The entire net loss for 1986 may be carried back to 1983. The amount of the carryback to 1984 is the excess of the 1986 loss over the net income for 1983. The amount of the carryback to 1985 is the excess of the 1986 loss over the aggregate of the net incomes for 1983 and 1984. The amount of the carryover to 1987 is the excess of the 1986 loss over the aggregate of the net incomes for 1983, 1984, and 1985, etc.

- d) Carryover of pre-12/31/86 loss and post-12/30/86 loss. Net operating losses incurred prior to December 31, 1986, can be carried over into

DEPARTMENT OF REVENUE

NOTICE OF ADOPTED AMENDMENTS

years in which Illinois net losses (incurred on or after December 31, 1986) are also carried. In such cases, the former losses will be treated as an adjustment to taxable income (i.e., before apportionment) while the latter will be a deduction in computing Illinois net income (i.e., after apportionment). This is illustrated in the following Example.

EXAMPLE: Corporation A is a calendar year taxpayer. It has no partnership income and no nonbusiness income. In 1985, it reported a federal net operating loss of \$1000, and on its Illinois return for 1986, it reported an Illinois net loss of \$50, neither of which could be carried back to prior years due to losses existing in those years. In 1987, A had federal taxable income (before special deductions) of \$200, and Illinois addition modifications of \$100. Corporation A would compute its Illinois net income in 1987 as follows: The \$1000 net operating loss from 1985 would offset the \$200 of 1987 federal taxable income and would offset the \$100 of 1987 Illinois addition modifications. In 1988, Corporation A would have remaining \$700 of net operating loss carryover from 1985 and \$50 of Illinois net loss carryover from 1986.

(Source: Amended at 20 Ill. Reg. 13365, effective

SEP 27 1988

DEPARTMENT OF PUBLIC AID
NOTICE OF EMERGENCY AMENDMENTS

- 1) Heading of the Part: Collections and Recoveries
- 2) Code Citation: 89 Ill. Adm. Code 165
- 3) Section Numbers:
165.40 Emergency Action:
165.84 Amendment
165.86 Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13], 7 CFR 273.18(d)(3)(v)(D), 7 CFR 273.18(d)(4)(ii), and the Personal Responsibility and Work Opportunity Act of 1996 (H.R. 3734)
- 5) Effective Date of Amendments: October 1, 1996
- 6) If these Emergency Amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: Not Applicable
- 7) Date Filed in Agency's Principal Office: October 1, 1996

8) Reason for Emergency: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 was enacted August 22, 1996. These provisions are effective immediately. The Department must make immediate changes in order to comply with this new Federal law.

9) Complete Description of the Subjects and Issues Involved: Pursuant to provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (H.R. 3734) enacted August 22, 1996, 7 CFR 273.18(d)(3)(v)(D) and 7 CFR 273.18(d)(4)(ii), these proposed amendments make changes in the following Food Stamp Program provisions:

- the calculation of overpayments;
- the recoupment of agency error claims; and
- the response time to an initial demand letter for repayment of an intentional program violation, an inadvertent household error or an administrative error claim.

As a result of this rulemaking, the earned income deduction will not be used when the amount of an overpayment is calculated, if the food stamp household failed to report the earned income. These proposed amendments establish that when a food stamp household has an agency error overpayment, the reduction amount will be the greater of \$10.00 or 10 percent of the household's monthly benefit amount. In addition, if a currently participating household fails to respond within 10 days after the date of mailing of an initial demand letter for repayment of an intentional program violation, an inadvertent household error or an

DEPARTMENT OF PUBLIC AID
NOTICE OF EMERGENCY AMENDMENTS

administrative error claim, the household's monthly benefit amount will be reduced without further notice.

Companion amendments are also being proposed in 89 Ill. Adm. Code 121.

- 10) Are there any Proposed Amendments pending to this Part? No
- 11) Statement of Statewide Policy Objectives: These emergency amendments do not affect units of local government.
- 12) Information and questions regarding these Emergency Amendments shall be directed to:

Name: Judy Umunna
Address: Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Avenue East, Third Floor
Springfield, Illinois 62762
Telephone: (217) 524-0081

The full text of the Emergency Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER f: COLLECTIONS

PART 165

COLLECTIONS AND RECOVERIES

SUBPART A: GENERAL OVERPAYMENT PROVISIONS

Section

165.1 Incorporation By Reference

165.10 Overpayments

165.20 Determination of Financial Assistance Overpayments

165.30 Types of Food Stamp Overpayment Claims

165.40 Determination of Food Stamp Overpayments

EMERGENCY

165.42 Establishment of Claims for Food Stamp Overpayments

165.50 Suspension and Termination of Food Stamp Claims

SUBPART B: COLLECTION OF FINANCIAL ASSISTANCE

OVERPAYMENTS FROM CURRENT CASES

Section

165.70 Recoupment of Overpayments from Current Aid to Families with Dependent Children (AFDC), Aid to the Aged, Blind or Disabled (AABD) and General Assistance (GA) Cases

SUBPART C: COLLECTION OF FOOD STAMP OVERPAYMENTS FROM

CURRENTLY PARTICIPATING HOUSEHOLDS

Section

165.80 Initiating Collection from Currently Participating Households

165.82 Methods of Food Stamp Claim Repayment

165.84 Determination of Monthly Benefit Reduction Amount Attainment-Reductions

EMERGENCY

165.86 Failure to Respond to Initial Demand Letter

EMERGENCY

165.88 Failure to Comply with Repayment Schedule

SUBPART D: COLLECTION OF OVERPAYMENTS FROM NON-RECIPIENTS

Section

165.100 Collection of Overpayments from Persons Not Receiving Financial Assistance or Food Stamps

165.102 Demand for Repayment

165.104 Methods of Involuntary Repayment

165.106 Effect of Return to Active Assistance Status

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NOTICE OF EMERGENCY AMENDMENTS

AUTHORITY: Implementing and authorized by Sections 11-18, 12-4.4 and 12-13 of the Illinois Public Aid Code [305 ILCS 5/11-18, 12-4.4 and 12-13].

SOURCE: Recodified from 89 Ill. Adm. Code 102.100 and 102.110 and 89 Ill. Adm. Code 121.200 through 121.208 at 10 Ill. Reg. 21094; amended at 11 Ill. Reg. 10604, effective May 29, 1987; amended at 12 Ill. Reg. 18192, effective November 4, 1988; amended at 13 Ill. Reg. 3843, effective March 17, 1989; amended at 17 Ill. Reg. 8187, effective May 24, 1993; amended at 17 Ill. Reg. 18113, effective September 29, 1993; emergency amendment at 20 Ill. Reg. 13376, effective October 1, 1996, for a maximum of 150 days.

13376

SUBPART A: GENERAL OVERPAYMENT PROVISIONS

Section 165.40 Determination of Food Stamp Overpayments

EMERGENCY

The Department determines the amount of a food stamp Food--Stamp overpayment claim by comparing the correct amount of food stamp Food-Stamp benefits, if any, the household was entitled to receive, based on actual income and expenses, to the amount actually received, beginning with the month of overpayment. The amount received which is in excess of the correct amount is the amount of the overpayment. The earned income deduction is not allowed when the amount of an overpayment is calculated, if the household failed to report the earned income.

a) The determination of an intentional program violation, an inadvertent household error, or an administrative error overpayment shall not include any amount of overpayment for any month that is more than six (6) years before the discovery date of the overpayment.

b) Where an intentional failure to report a change in circumstances constitutes the intentional program violation, the first month of overpayment is the month the change would have been effective if it had been reported.

c) For an inadvertent household error and an administrative error overpayment overpayments, where the overpayment resulted from an unreported change or the Department's inaction on a reported change, the first month of overpayment is the month the change could have been effective had it been reported or acted on in a timely manner.

(Source: Emergency amendment at 20 Ill. Reg. 13376, effective October 1, 1996, for a maximum of 150 days)

13376

SUBPART C: COLLECTION OF FOOD STAMP OVERPAYMENTS

FROM CURRENTLY PARTICIPATING HOUSEHOLDS

Section 165.84 Determination of Monthly Benefit Reduction Amount Attainment Reductions

EMERGENCY

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- a) The monthly allotment reduction for administrative error claims is negotiated with the household. Before the Department reduces the household's coupon allotment, the household must agree with the amount of the reduction and has a right to renegotiate the amount in the event of changed circumstances since the establishment of the claim. Examples of changed circumstances include the following:
- 1) a change in a household member's income;
 - 2) a change in household composition; and
 - 3) a change in household shelter expenditures.
- a)b) For an intentional program violation claim, claims the reduction amount is the greater of either 20 percent of the household's monthly benefit amount entitlement or \$10.00.
- b)c) For an inadvertent household error or an administrative error claim claims, the reduction amount is the greater of either 10 percent of the household's monthly benefit amount allotment or \$10.00.
- (Source: Emergency amendment at 20 Ill. Reg. 13376, effective October 1, 1996, for a maximum of 150 days)

Section 165.86 Failure to Respond to Initial Demand Letter
EMERGENCY

If a currently participating household fails to respond within ten ~~thirty~~ (30) days after the date of mailing of an ~~to~~ the initial demand letter for repayment of an intentional program violation, an or inadvertent household error or an administrative error claim, the Department shall reduce the household's monthly benefit amount ~~allotment~~ without further notice.

(Source: Emergency amendment at 20 Ill. Reg. 13376, effective October 1, 1996, for a maximum of 150 days)

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

- 1) Heading of the Part: Food Stamps
- 2) Code Citation: 89 Ill. Adm. Code 121
- 3) Section Numbers: Emergency Action:
- | | |
|------------------------|-------------|
| 121.7, 121.20, 121.30 | Amendment |
| 121.31, 121.50, 121.57 | Amendment |
| 121.60, 121.61, 121.63 | Amendment |
| 121.64, 121.70 | Amendment |
| 121.131 | New Section |
| 121.151 | Amendment |
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and the Personal Responsibility and Work Opportunity Act of 1996 (H.R. 3734) and 7 CFR 273
- 5) Effective Date of Amendments: October 1, 1996
- 6) If these Emergency Amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: Not Applicable
- 7) Date Filed in Agency's Principal Office: October 1, 1996
- 8) Reason for Emergency: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 was enacted August 22, 1996. While there are some transitional provisions regarding eligibility for food stamps based on citizenship, these provisions are effective immediately. The Department must make immediate changes in order to comply with this new Federal law.
- 9) Complete Description of the Subjects and Issues Involved: The Department is revising its food stamp rules based on the new requirements under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (H.R. 3734), which was enacted on August 22, 1996 and provisions in 7 CFR 273. In accordance, these proposed amendments make changes in the following Food Stamp Program provisions:
- Expedited Service;
 - Non-citizens;
 - Unearned Income;
 - Exempt Earned Income of Children;
 - Fair Market Value of Licensed Vehicles;
 - Gross and Net Monthly Income Eligibility Standards;
 - Changing Between Actual Expenses and the Standard Utility Allowance;
 - Food Stamp Benefit Amounts;
 - Household Composition;

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NOTICE OF EMERGENCY AMENDMENTS

- Fleeing Felons and Probation/Parole Violators; and
- Disqualification Penalties for Intentional Program Violations.

These proposed amendments establish that food stamp units which are homeless will not qualify for expedited service solely on the basis of homelessness. However, homeless persons may still qualify for expedited service if their income is less than \$150 and their liquid assets are less than \$100 as described in Section 121.7.

The amendments in Section 121.131 are revised to provide that only the following groups of non-citizens will be eligible for food stamps:

1. A non-citizen, lawfully admitted for permanent residence, meets the citizenship requirement for food stamps if he or she is credited with 40 qualifying work quarters. Qualifying quarters worked by a parent or a spouse count toward meeting the 40 quarters of work requirement.
2. A non-citizen who is:
 - a veteran honorably discharged from U. S. military service;
 - a person in active U. S. military service; or
 - a spouse or dependent child of a veteran or a person in active U. S. military service.
3. For 5 years after the status is attained, non-citizens who are:
 - refugees admitted under section 207 of the Immigration and Nationality Act (INA);
 - asylees admitted under section 208 of the INA;
 - persons whose deportation was withheld under section 243(h) of the INA.

Due to the elimination of the Energy Payment Amount, this rulemaking deletes the exemption for that portion of cash assistance payments designated as being for the purpose of energy assistance.

Revisions are being made in Section 121.50 to exempt the earned income of a child residing in the household who is under 18 years of age and who is attending an elementary or secondary school. This exemption is not altered by temporary interruptions in school attendance, provided the child's enrollment will resume following the break. The earnings of a child are exempt if the child:

1. is age 17 or under;
2. attends elementary or secondary school; and
3. is under the parental control of another food stamp household member.

As a result of these proposed amendments, the exemption for the fair market value of a licensed vehicle is increased to \$4,650. In addition, the food stamp benefit amounts and the gross and net monthly income

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NOTICE OF EMERGENCY AMENDMENTS

eligibility standards are being increased.

A deduction for utility costs is allowed in the determination of the household's adjusted net monthly food stamp income amount. Either the household's actual utility costs or the standard utility allowance is used when the amount of the household's adjusted net monthly food stamp income is calculated. This rulemaking establishes that changes between using actual utility costs and the standard utility allowance can only be made at recertification.

A revision is being made in the rules to provide that children under age 22 living with their parents must be included in the same food stamp unit as their parents, even when they live with their spouse or children.

A new Section is being added to the rules so that fleeing felons and probation and parole violators will be ineligible for food stamp benefits. Individuals will be ineligible to receive food stamp benefits if they are:

1. fleeing the law to avoid prosecution, custody or confinement after conviction for a crime or attempting to commit a crime that is a felony under the law from the place from which the person is fleeing; or
2. violating a condition of probation or parole imposed under a federal or State law.

As a result of these proposed amendments, the disqualification penalties for intentional program violations are increased as follows:

- 12 months for the first violation; and
- 24 months for the second violations.

In addition, a person will be permanently disqualified if he or she is convicted of trafficking food stamp benefits of \$500 or more. A person will also be disqualified from receiving food stamp benefits for ten years when an Administrative Disqualification Hearing or a federal or State court convicts him or her of making a false statement or representation about his or her identity or residence and as a result he or she receives more than one food stamp issuance at the same time.

Companion Amendments are also being proposed to 89 Ill. Adm. Code 165.

- 10) Are there any Proposed Amendments pending to this Part? Yes

Sections	Proposed Action	Illinois Register Citation
121.22	Amendment	August 2, 1996 (20 Ill. Reg. 10263)
121.23	New Section	August 2, 1996 (20 Ill. Reg. 10263)
121.24	New Section	August 2, 1996 (20 Ill. Reg. 10263)

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121.25	New Section	August 2, 1996 (20 Ill. Reg. 10263)
121.26	New Section	August 2, 1996 (20 Ill. Reg. 10263)
121.27	Amendment	August 2, 1996 (20 Ill. Reg. 10263)
121.29	Amendment	August 2, 1996 (20 Ill. Reg. 10263)
121.30	Amendment	August 2, 1996 (20 Ill. Reg. 10263)
121.31	Amendment	August 2, 1996 (20 Ill. Reg. 10263)
121.63	Amendment	August 2, 1996 (20 Ill. Reg. 10263)
121.71	Amendment	August 2, 1996 (20 Ill. Reg. 10263)
121.75	Amendment	August 2, 1996 (20 Ill. Reg. 10263)
121.93	Amendment	August 30, 1996 (20 Ill. Reg. 11581)
121.94	Amendment	August 30, 1996 (20 Ill. Reg. 11581)
121.98	New Section	August 30, 1996 (20 Ill. Reg. 11581)

11) Statement of Statewide Policy Objectives: These emergency amendments do not affect units of local government.

12) Information and questions regarding these Emergency Amendments shall be directed to:

Judy Umunna
Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Avenue East, Third Floor
Springfield, Illinois 62762
217/524-0081

The full text of the Emergency Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID
NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 121
FOOD STAMPS

SUBPART A: APPLICATION PROCEDURES

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121.1	Application for Assistance
121.2	Time Limitations on the Disposition of an Application
121.3	Approval of an Application and Initial Authorization of Assistance
121.4	Denial of an Application
121.5	Client Cooperation
121.6	Emergency Assistance
121.7	Expedited Service Services
EMERGENCY	
121.10	Interviews

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section	
121.19	Ending a Voluntary Quit Disqualification
121.20	Citizenship
EMERGENCY	
121.21	Residence
121.22	Social Security Numbers
121.23	Work Registration/Participation Requirements (Repealed)
121.24	Individuals Exempt From Work Registration Requirements (Repealed)
121.25	Failure to Comply (Repealed)
121.26	Period of Disqualification (Repealed)
121.27	Voluntary Job Quit
121.28	Good Cause for Voluntary Job Quit
121.29	Exemptions from Voluntary Quit Rule

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section	
121.30	Unearned Income
EMERGENCY	
121.31	Exempt Unearned Income
EMERGENCY	
121.32	Education Benefits
121.33	Unearned Income In-Kind
121.34	Lump Sum Payments and Income Tax Refunds
121.40	Earned Income

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121.41	Budgeting Earned Income
121.50	Exempt Earned Income
<u>EMERGENCY</u>	
121.51	Income from Work/Study/Training Programs
121.52	Earned Income from Roomer and Boarder
121.53	Income From Rental Property
121.54	Earned Income In-Kind
121.55	Sponsors of Aliens
121.57	Assets
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121.58	Exempt Assets
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Section	
121.60	Net Monthly Income Eligibility Standards
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121.61	Gross Monthly Income Eligibility Standards
<u>EMERGENCY</u>	
121.62	Income Which Must Be Annualized
121.63	Deductions From Monthly Income
<u>EMERGENCY</u>	
121.64	Food Stamp Benefit Amount <u>Coupon-Attainment</u>
<u>EMERGENCY</u>	
Section	
121.70	Composition of the Assistance Unit
<u>EMERGENCY</u>	
121.71	Living Arrangement
121.72	Nonhousehold Members
121.73	Ineligible Household Members
121.74	Strikers
121.75	Students
121.76	Households Receiving AFDC, SSI, Interim Assistance and/or GA - Categorical Eligibility
SUBPART F: MISCELLANEOUS PROGRAM PROVISIONS	
121.80	Fraud Disqualification (Renumbered)
121.81	Initiation of Administrative Fraud Hearing (Repealed)
121.82	Definition of Fraud (Renumbered)
121.83	Notification To Applicant Households (Renumbered)
121.84	Disqualification Upon Finding of Fraud (Renumbered)
121.85	Court Imposed Disqualification (Renumbered)

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NOTICE OF EMERGENCY AMENDMENTS

121.90	Monthly Reporting and Retrospective Budgeting
121.91	Monthly Reporting
121.92	Retrospective Budgeting
121.93	Direct Mail Issuance of Food Stamp Coupons
121.94	Replacement of Food Stamp Coupons
121.95	Restoration of Lost Benefits
121.96	Uses For Food Coupons
121.97	Supplemental Payments
121.98	Food Stamp Simplified Application Demonstration Project (Repealed)
121.120	Recertification of Eligibility
121.130	Residents of Shelters for Battered Women and their Children
121.131	Fleeing Felons and Probation/Parole Violators
<u>EMERGENCY</u>	
121.135	Incorporation By Reference
121.140	Small Group Living Arrangement Facilities and Drug/Alcoholic Treatment Centers
SUBPART G: INTENTIONAL VIOLATIONS OF THE PROGRAM	
Section	
121.150	Definition of Intentional Violations of the Program
121.151	Penalties for Intentional Violations of the Program
<u>EMERGENCY</u>	
121.152	Notification To Applicant Households
121.153	Disqualification Upon Finding of Intentional Violation of the Program
121.154	Court Imposed Disqualification
SUBPART H: FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM	
Section	
121.160	Persons Required to Participate
121.162	Participation and Cooperation Requirements
121.164	Orientation
121.166	Assessment and Employability Plan
121.170	Job Search Component
121.172	Basic Education Component
121.174	Job Readiness Component
121.176	Work Experience Component
121.178	Job Training Component
121.180	Grant Diversion Component
121.182	Earnfare Component
121.184	Sanctions
121.186	Good Cause for Failure to Cooperate
121.188	Supportive Services
121.190	Conciliation and Fair Hearings
121.200	Types of Claims (Recodified)
121.201	Establishing a Claim for Intentional Violation of the Program (Recodified)

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NOTICE OF EMERGENCY AMENDMENTS

- 121.202 Establishing a Claim for Unintentional Household Errors and Administrative Errors (Recodified)
- 121.203 Collecting Claim Against Households (Recodified)
- 121.204 Failure to Respond to Initial Demand Letter (Recodified)
- 121.205 Methods of Repayment of Food Stamp Claims (Recodified)
- 121.206 Determination of Monthly Allotment Reductions (Recodified)
- 121.207 Failure to Make Payment in Accordance with Repayment Schedule (Recodified)
- 121.208 Suspension and Termination of Claims (Recodified)

AUTHORITY: Implementing Sections 12-4.4 through 12-4.6 and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-4.4 through 12-4.6 and 12-13].

SOURCE: Adopted December 30, 1977; amended at 3 Ill. Reg. 5, p. 875, effective February 2, 1979; amended at 3 Ill. Reg. 31, p. 109, effective August 3, 1979; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 41, p. 165, effective October 11, 1979; amended at 3 Ill. Reg. 42, p. 230, effective October 9, 1979; amended at 3 Ill. Reg. 44, p. 173, effective October 19, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 3, p. 49, effective January 9, 1980; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 23, 1980; amended at 4 Ill. Reg. 10, p. 253, effective February 27, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 17, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1131, effective January 16, 1981; amended at 5 Ill. Reg. 4586, effective April 15, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 12736, effective October 29, 1981; amended at 6 Ill. Reg. 1653, effective January 17, 1982; amended at 6 Ill. Reg. 2707, effective March 2, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10208, effective August 9, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 5715, effective May 1, 1983; amended at 7 Ill. Reg. 8118, effective June 24, 1983; peremptory amendment at 7 Ill. Reg. 12899, effective October 1, 1983; amended at 7 Ill. Reg. 13655, effective October 4, 1983; peremptory amendment at 7 Ill. Reg. 16067, effective November 18, 1983; amended at 7 Ill. Reg. 16169, effective November 22, 1983; amended at 8 Ill. Reg. 5673, effective April 18, 1984; amended at 8 Ill. Reg. 7249, effective May 16, 1984; peremptory amendment at 8 Ill. Reg. 10086, effective July 1, 1984; amended at 8 Ill. Reg. 13284, effective July 16, 1984; amended at

8 Ill. Reg. 17900, effective September 14, 1984; amended (by adding Section being codified with no substantive change) at 8 Ill. Reg. 17998; peremptory amendment at 8 Ill. Reg. 19690, effective October 1, 1984; peremptory amendment at 8 Ill. Reg. 22145, effective November 1, 1984; amended at 9 Ill. Reg. 302, effective January 1, 1985; amended at 9 Ill. Reg. 6804, effective May 1, 1985; amended at 9 Ill. Reg. 8665, effective May 29, 1985; peremptory amendment at 9 Ill. Reg. 8898, effective July 1, 1985; amended at 9 Ill. Reg. 11334, effective July 8, 1985; amended at 9 Ill. Reg. 14334, effective September 6, 1985; peremptory amendment at 9 Ill. Reg. 15582, effective October 1, 1985; amended at 9 Ill. Reg. 16889, effective October 16, 1985; amended at 9 Ill. Reg. 17726, effective December 9, 1985; amended at 10 Ill. Reg. 229, effective December 20, 1985; peremptory amendment at 10 Ill. Reg. 7387, effective April 21, 1986; peremptory amendment at 10 Ill. Reg. 7941, effective May 1, 1986; amended at 10 Ill. Reg. 14692, effective August 29, 1986; peremptory amendment at 10 Ill. Reg. 15714, effective October 1, 1986; Sections 121.200 thru 121.208 recodified to 89 Ill. Adm. Code 165 at 10 Ill. Reg. 21094; peremptory amendment at 11 Ill. Reg. 3761, effective February 11, 1987; emergency amendment at 11 Ill. Reg. 3754, effective February 13, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 9968, effective May 15, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 10269, effective May 22, 1987; amended at 11 Ill. Reg. 10621, effective May 25, 1987; peremptory amendment at 11 Ill. Reg. 11391, effective July 1, 1987; peremptory amendment at 11 Ill. Reg. 11855, effective June 30, 1987; emergency amendment at 11 Ill. Reg. 12043, effective July 6, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 13635, effective August 1, 1987; amended at 11 Ill. Reg. 14022, effective August 10, 1987; emergency amendment at 11 Ill. Reg. 15261, effective September 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 15480, effective September 4, 1987; amended at 11 Ill. Reg. 15634, effective September 11, 1987; amended at 11 Ill. Reg. 18218, effective October 30, 1987; peremptory amendment at 11 Ill. Reg. 18374, effective October 30, 1987; amended at 12 Ill. Reg. 877, effective December 30, 1987; emergency amendment at 12 Ill. Reg. 1941, effective December 31, 1987, for a maximum of 150 days; amended at 12 Ill. Reg. 4204, effective February 5, 1988; amended at 12 Ill. Reg. 9678, effective May 23, 1988; amended at 12 Ill. Reg. 9922, effective June 1, 1988; amended at 12 Ill. Reg. 11463, effective June 30, 1988; amended at 12 Ill. Reg. 12824, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 14045, effective August 19, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 15704, effective October 1, 1988; peremptory amendment at 12 Ill. Reg. 16271, effective October 1, 1988; amended at 12 Ill. Reg. 20161, effective November 30, 1988; amended at 13 Ill. Reg. 3890, effective March 10, 1989; amended at 13 Ill. Reg. 13619, effective August 14, 1989; peremptory amendment at 13 Ill. Reg. 15859, effective October 1, 1989; amended at 14 Ill. Reg. 729, effective January 1, 1990; amended at 14 Ill. Reg. 6349, effective April 13, 1990; amended at 14 Ill. Reg. 13202, effective August 6, 1990; peremptory amendment at 14 Ill. Reg. 15158, effective October 1, 1990; amended at 14 Ill. Reg. 16983, effective September 30, 1990; amended at 15 Ill. Reg. 11150, effective July 22, 1991; amended at 15 Ill. Reg. 11957, effective August 12, 1991; peremptory amendment at 15 Ill. Reg. 14134, effective October 1, 1991; emergency amendment at 16

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Ill. Reg. 757, effective January 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 10011, effective June 15, 1992; amended at 16 Ill. Reg. 13900, effective August 31, 1992; emergency amendment at 16 Ill. Reg. 16221, effective October 1, 1992, for a maximum of 150 days; peremptory amendment at 16 Ill. Reg. 16345, effective October 1, 1992; amended at 16 Ill. Reg. 16624, effective October 23, 1992; amended at 17 Ill. Reg. 644, effective December 31, 1992; amended at 17 Ill. Reg. 4333, effective March 19, 1993; amended at 17 Ill. Reg. 14625, effective August 26, 1993; emergency amendment at 17 Ill. Reg. 15149, effective September 7, 1993, for a maximum of 150 days; peremptory amendment at 17 Ill. Reg. 17477, effective October 1, 1993; expedited correction at 17 Ill. Reg. 21216, effective October 1, 1993; amended at 18 Ill. Reg. 2033, effective January 21, 1994; emergency amendment at 18 Ill. Reg. 2509, effective January 27, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 3427, effective February 28, 1994; amended at 18 Ill. Reg. 8921, effective June 3, 1994; amended at 18 Ill. Reg. 12829, effective August 5, 1994; amended at 18 Ill. Reg. 14103, effective August 26, 1994; amended at 19 Ill. Reg. 5626, effective March 31, 1995; amended at 19 Ill. Reg. 6648, effective May 5, 1995; emergency amendment at 19 Ill. Reg. 12705, effective September 1, 1995, for a maximum of 150 days; peremptory amendment at 19 Ill. Reg. 13595, effective October 1, 1995; amended at 20 Ill. Reg. 1593, effective January 11, 1996; peremptory amendment at 20 Ill. Reg. 2229, effective January 17, 1996; amended at 20 Ill. Reg. 7902, effective June 1, 1996; amended at 20 Ill. Reg. 11935, effective August 14, 1996; emergency amendment at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days.

SUBPART A: APPLICATION PROCEDURES

Section 121.7 Expedited Service Services
EMERGENCY

- a) Households in need of immediate food assistance shall be provided expedited service if the household:
- 1) has liquid assets (such as e-g- cash on hand, checking or savings accounts) of no more than \$100, and has gross monthly income for the fiscal month of application of less than \$150, or
 - 2) has liquid assets of no more than \$100, and contains a migrant or seasonal farmworker farm-worker who is destitute. A migrant or seasonal farmworker farm-worker household meeting one of the following criteria is considered destitute:
 - A) Migrant or seasonal farmworker farm-worker households whose only income for the fiscal month of application was received prior to the date of application and was from a terminated source are considered destitute.
 - i) Income is considered as coming from a terminated source if it is received monthly or more frequently and will not be received again from the same source during the fiscal month of application or during the month following application, or it is normally

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- received less often than monthly and will not be received in the month the next payment is normally received.
- ii) A household member who changes jobs but continues to work for the same employer is considered as still receiving income from the same source.
 - iii) Migrant households which have received their last wages from a grower, food processor, livestock, nursery or other employer are considered destitute.
- B) Income from a New Source
- i) Migrant or seasonal farm worker households whose only income, for the fiscal month in which the application is filed, is from a new source are considered destitute if income or more than \$25.00 will not be received from the new source by the 10th calendar day following the date of application.
 - ii) Income is considered as coming from a new source if it is normally received on a monthly basis or more frequently and more than \$25.00 has not been received from the source within 30 days prior to the date the application was filed, or it is normally received less often than monthly and income of more than \$25.00 was not received within the last normal interval between regular payments.
 - C) Households may receive income from a terminated source prior to the date of application and income from a new source after the date of application. Such households may be considered destitute if they receive no other income in the fiscal month of application and income of more than \$25.00 from the new source will not be received by the 10th calendar day after the date of initial application.
 - D) The receipt of wage advance for the travel costs of a new employee does is not to affect the determination of whether subsequent payments from the employer are from a new source of income or not whether a household is to be considered destitute, or
- 3) members-all-meet-the-definition-of--a--homeless-individual--A homeless-individual--is--an-individual--who--lacks--a-fixed-and-regular--nighttime-residence--or--an-individual--whose--primary nighttime-residence-is:
- A) a-supervised-shelter-that-provides-temporary-accommodations, or
 - B) a-halfway-house-or--similar-institution--that--provides temporary--residence--for--individuals--intended--to--be institutionalized, or
 - C) a-temporary--accommodation--in--the--residence--of--another individual, or
 - D) a-place-not-designed-for-or-ordinarily-used-as--a--regular

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- 3) that has combined gross monthly income and liquid resources which are less than the household's its monthly rent or mortgage and utility costs.
- b) A household may be entitled to expedited service but factors of eligibility (see subsection 121.7(e)) may make the household ineligible to receive food stamp benefits stamps or eligible for an amount less than the maximum monthly benefit amount coupon--attainment for the household size.
- c) If a household is not entitled to expedited service, the Department will continue to process the application using the regular application procedures (found at Section 121.2). The application will only be denied if the household is ineligible under regular processing standards.
- d) Processing Time Standard

- 1) The first day of the time standard is the calendar day following the day the signed application was filed. The date of application is the day the signed application is received in the correct local office.
- 2) The Department shall process applications for eligible households entitled to expedited service within the following processing time standards:
 - A) If entitlement for expedited service is discovered at the date of application, benefits shall be made available to the household no later than the fifth calendar day following the date of application.
 - B) If entitlement to expedited service is discovered during normal processing of the application, benefits shall be made available no later than the fifth calendar day following the day entitlement to expedited service was discovered.
- e) Households entitled to expedited service shall be interviewed no later than the work day following the date of application.* If the applicant fails to appear for the scheduled interview, the time frame for expedited service no longer applies (see Section 121.2 for the time limitations of the disposition of an application).† The applicant's application will be processed using the regular processing standards found at Section 121.2.
- f) When a migrant household is entitled to expedited service and a two-month certification period is assigned, the Department shall authorize the second month's benefits without requiring verification which must be obtained from another state. However, the out-of-state verification must be obtained before additional benefits will be authorized in a new certification period. Migrant households shall be entitled to postpone out-of-state verifications for a second month only once each season.
- g) Prior to certification for expedited service, only the applicant's identify (for example e-g), driver's license and voter registration card) must be verified. Income (for example e-g, pay stubs), liquid

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assets (for example e-g, checking and savings saving account statement) and residency (for example e-g, drivers license and voter registration card) shall be verified if verification will not cause benefits to be delayed.

*AGENCY NOTE: Households entitled to expedited service services are given an interview appointment on the day the signed application is filed.

(Source: Emergency amendment at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days)

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section 121.20 Citizenship

EMERGENCY

To be eligible for assistance, an individual shall be either a U.S. citizen or a non-citizen within specific categories and subject to specific restrictions as set forth below 7-an-aften-legally-admitted-for-permanent-residence--or--an-aften-admitted-under-color-of-law-according-to-the-following-definitions:

- a) Citizenship status -- Persons born in the U.S. or in its possessions are U.S. citizens. Citizenship can also be acquired by naturalization through court proceedings or by certain persons born in a foreign country of U.S. citizen parent(s).
- b) Non-citizens -- Alien-status---persons-residing-in-the-U-S-7-but--not-citizens-by-birth--or--naturalization--are--considered--aliens. The following categories of non-citizens types--of--aliens may receive assistance, if otherwise eligible:
 - 1) Non-citizens Credited with 40 Quarters of Work
 - A) Aliens lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (INA) who have worked 40 qualifying quarters of coverage (as defined under Title II of the Social Security Act). Effective January 1, 1997, in order for a quarter of work to count, the client must not have received any benefits under a federal means-tested program during that quarter.
 - B) Quarters of a parent count for an alien while the alien was under age 18.
 - C) Quarters of a spouse count for an alien if the alien is still married to that spouse or the spouse is deceased.
- 2) Veterans, Active U.S. Military Service Persons and Their Dependents. Non-citizens meet the citizenship requirement for food stamps if they are:
 - A) a veteran honorably discharged from U.S. military service; or
 - B) a person in active U.S. military duty and the spouse or dependent child or children of such person.
- 3) Non-citizens Who Qualify for a Limited Time. For 5 years after

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the status has been attained, the following non-citizens meet the citizenship requirement for food stamps:

- A) refugees admitted under Section 207 of the Immigration and Nationality Act (INA);
- B) asylees admitted under Section 208 of the Immigration and Nationality Act (INA); and
- C) persons for whom deportation has been withheld under Section 243(h) of the Immigration and Nationality Act (INA).

c) Persons who are not within the categories set forth in subsections (a) and (b)(1) of this Section but who were receiving food stamps on August 22, 1996, shall not be terminated based on citizenship until the next recertification prior to August 22, 1997.

1) Immigrants---Aliens-admitted-for-permanent-residence:

2) Refugees---Persons-admitted-pursuant-to-the-Refugee-Act-of-1980 (8-U.S.C. 1537-et-seq):

3) Entrants---

- A) Any-individual-granted-parole--status--as--a--Cuban/Haitian Entrant--(Status-Pending)--or-granted-any-other-special-status subsequently--established--under--the--immigration--laws--for nationals-of-Cuba-or-Haiti--regardless-of-the-status-of--the individual--at-the-time-assistance-or-services-are-provided; and

B) any-other-national-of-Cuba-or-Haiti-who-

- i) was-paroled-in-the-United-States-and-has-not-acquired any-other-status-under-the-Immigration-and-Nationality Act;

ii) is-the-subject-of-exclusion-or-deportation-proceedings under--the--Immigration--and--Nationality-Act--(8-U.S.C. 1501-et-seq);-or

iii) has--an-application--for--asylum--pending--with--the Immigration-and-Naturalization-Service;-and

iv) with-respect--to--whom--a--final--nonappealable--and legally-enforceable-order-of-deportation-or-exclusion has-not-been-entered;

4) lawfully-admitted--aliens--as-defined-by-the-Immigration-Reform-and Control-Act-of-1986--Pub-L-99-603;

A) those-who--have--resided--continuously-in-the-United-States since-before-January-17-1972--in--accordance-with-Section--249 of-the-Immigration-and-Nationality-Act;

B) Newly-legalized--aliens-who-were-granted-temporary-resident status-pursuant-to-Section-245A(a) of--the--Immigration--and Nationality--Act--at--least-five-years-prior-to-applying-for food-stamps--and-who--subsequently--gained--lawful--permanent resident--status--pursuant--to--Section--245A(b)(1)--of--the Immigration--and--Nationality-Act;--Such-aliens-would-not-be eligible-to-participate-before-May-57-1993;

C) Newly-legalized--aliens-who--have--been--granted--permanent resident--status--and-are-aged-7-blind-or-disabled-as-defined

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in-Section-1614(a)(1) of--the--Social--Security--Act--Such-aliens-would-not-be-eligible-to-participate-before-November-77-1988;

B) Special-agricultural-workers-who-have-resided-in-the-United States-and-performed-agricultural-work-for-specified-periods of--time--prior--to--May--17-1986;--Such-aliens-would-not-be eligible-to-participate-before-June-17-1987;

B) Additional-special-agricultural-workers-who-may-be-admitted in-fiscal-years-1990-through-1993--(October-17-1989-through September-307-1993);

(Source: Emergency amendment at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days)

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section 121.30 Unearned Income

EMERGENCY

a) All currently available unearned income, which is not specified as exempt, shall be considered in the determination of eligibility and coupon allotment for food stamps.

b) The penalty amount imposed for failure to comply with a federal Federal, State or local welfare cash assistance program program's requirement is considered available unearned income in the determination of eligibility and coupon allotment. This includes: For the purposes of this section a penalty amount is defined as

- 1) monies recouped under the Aid to Families with Dependent Children Program or the Federal Supplementary Security Income Program as the result of a conviction for criminal or civil fraud under Sections 8A-2 or 8A-7 of the Illinois Public Aid Code [305 ILCS 5/8A-2 or 8A-7] (Ill. Rev. Stat. 1985, ch. 237, pars. 8A-2 or 8A-7); or

2) the amount of cash assistance benefits withheld from the household due to a failure to comply with requirements of a Federal, State or local welfare cash assistance program.

c) Unearned income is all income other than that received in the form of salary for services performed as an employee or profits from self-employment.

(Source: Emergency amendment at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days)

Section 121.31 Exempt Unearned Income

EMERGENCY

The following unearned income is exempt:

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- a) Vendor payments when these are made in behalf of a household by a nonhousehold member with nonhousehold funds and paid directly to the household's creditors or person or organization providing the service to the household. (This includes including rent and mortgage payments made to landlords or mortgagees by Housing and Urban Development (HUD).)
- b) Monies that are legally obligated and otherwise payable to the household such as, but not limited to, garnished wages, public assistance grants directed to a protective payee, GA disbursing orders, and payments directed to a vendor, and support or alimony payments legally obligated to a household member, but which are diverted by the provider of the payment to a third party for a household expense, are counted as income and not excluded as a vendor payment. The following are considered vendor payments and not diverted income:
- 1) Rent paid directly to a landlord by a household's employer in addition to paying the household its regular wages;
 - 2) Assistance payments that would not normally be provided in a money payment to the household, and that are over and above normal public assistance or general assistance grants, if they are made directly to a third party for a household expense;
 - 3) Child support or alimony payments specified by a court order or other legally binding agreement to go directly to a third party rather than to a household; ~~7-and~~
 - 4) Support payments not required by a court order or other legally binding agreement (such as payments in excess of an amount specified in a court order or written agreement) which are paid to a third party rather than the household;
 - 5) Public Assistance/General Assistance payments to a third party in behalf of a household for medical, child care, or energy assistance (Public Assistance means AFDC and AABD); ~~7~~
 - 6) From October 20, 1987, to September 30, 1989, the entire amount of Public Assistance/General Assistance payments to third parties in behalf of a household for temporary housing, even any portion of the payment which is part of the normal Public Assistance/General Assistance payment, provided the housing lacks facilities for preparation and cooking of hot meals or refrigerated food storage; ~~and-~~
 - 7) Emergency Public Assistance (PA) or General Assistance (GA) payments made directly to a third party (that is ~~the~~, vendor payment) on behalf of a migrant or seasonal farmworker household while the household is in the job stream: This assistance includes, but is not limited to, emergency vendor payments for housing or transportation.
- c) Cash donations based on need received on or after February 1, 1988, from one or more private nonprofit charitable organizations, but not to exceed \$300.00 in a federal ~~Federal~~ fiscal year quarter.
- d) Any income in the certification period which is received too

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- infrequently or irregularly to be reasonably anticipated, not in excess of \$30.00 per quarter.
- e) All loans other than educational loans on which repayment is deferred.
- f) Reimbursements for past or future expenses, to the extent they do not exceed actual expenses and do not represent a gain or benefit to the household. This does not include reimbursements for normal living expenses.
- g) Monies received and used for the care and maintenance of a third-party beneficiary who is not a household member. Foster care payments are considered income to the adult or child in foster care and not income to the household providing the foster care even if the payments are made to the provider household rather than to the adult or child ~~or~~ or children in foster care. If the household chooses to include the adults and/or children in foster care as part of the household, the entire foster care payment is considered unearned income to the household.
- h) Income of nonhousehold members except for those who have been disqualified for fraud or intentional program violation for failure to meet the social security number requirements, because of ineligible alien status, or due to questionable citizenship status.
- i) Payments to volunteers under the Domestic Volunteer Service Act (42 U.S.C. 4951-4993) (VISTA) are exempt only if the individual:
- 1) was receiving food stamps or public assistance at the time he ~~or~~ she joined VISTA; ~~7-and/or~~
 - 2) was receiving an exempted VISTA payment or other substance payments under Title I of the Domestic Volunteer Services Act, prior to March 1, 1979, and the volunteer contract in effect March 1, 1979, has not expired.
- j) Income received from the disposition of funds to the Grand River Band of Ottawa Indians.
- k) Any income specifically excluded by any federal ~~Federal~~ statute from income consideration for food stamp purposes.
- l) Unearned income such as need based payments, cash assistance, compensation in lieu of wages and allowances through the Jobs Training Partnership Act (29 U.S.C. 1501-1781).
- m) ~~Portions of--cash--assistance--payments--designated--as-being-for-the purpose-of-energy-assistance.~~
- n) ~~Payments made by the Illinois Department of Mental Health and Developmental Disabilities under the Family Assistance Program for Mentally Disabled Children under P.A. 86-921.~~
- o) ~~Income received from the Social Security Administration under the PASS Program.~~

(Source: Emergency amendment at 20 Ill. Reg. **13381**, effective October 1, 1996, for a maximum of 150 days)

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- a) The earned income of a child residing in the household, who is under 18 years of age and who is attending an elementary or secondary school, is ~~at least half-time--as defined by the institution--a kindergarten--or--pre-school--a grade-school--high-school--vocational school--technical school--training program--college--or--university~~ ~~shall be exempt~~. The exemption of this income is ~~shall not be altered~~ by temporary interruptions in school attendance, such as semester or summer vacations, provided the child's enrollment will resume following the break.
- b) ~~The~~ exemption in subsection (a) of this Section shall not apply to any training allowances or educational grants received by the child.
- c) ~~The~~ exemption in subsection (a) of this Section shall not apply if the student is an emancipated minor or living alone.
- d) Earnings from employment through the Jobs Training Partnership Act if the individual is under age ~~nineteen~~ 19 and under the parental control of another adult household member. "Parental control" refers to an adult who has responsibility for the well-being, care and maintenance of a child.
- e) Advance payments of the Earned Income Tax Credit.
- f) Earnings, allowances and payments under Title I of the National and Community Service Act of 1990. These programs include Serve-America, Higher Education Innovative Projects, American Conservation and Youth Corps Programs and National and Community Service Programs.

(Source: Emergency amendment at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days)

Section 121.57 AssetsEMERGENCY

- a) The value of nonexempt assets shall be considered in determining eligibility.
- b) Value of Nonexempt Assets
- 1) The value of nonexempt assets is the equity value (fair market value less than the amount owed), except for licensed vehicles.
 - 2) The Department considers the following assets in determining eligibility:
 - A) Liquid Assets
 - i) Liquid assets are those properties in the form of cash or other financial instruments which are convertible to cash, such as, but not limited to, cash on hand, money, in checking or savings accounts, credit union accounts, savings certificates, stocks, or bonds, lump-sum payments, IRA's and Keogh Plans that do not involve a contractual relationship with someone who is

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- ii) not a member of the same food stamp household.
The amount of the Keogh Plan or IRA to be counted as an asset is the total value minus any amount that would be lost for early withdrawal. The amount considered is the amount the individual would receive if the account were closed. An individual (one-person) Keogh Plan is the nonexempt asset. However, the Keogh Plan involving a household member and someone who is not a member of the same food stamp household is exempt unless the client can make withdrawals from the account without affecting the other individual or individuals.
- B) Nonliquid Assets
Nonliquid assets are those properties which are not in the form of cash or other financial instruments, such as personal property, licensed vehicles, unlicensed vehicles, buildings, land, recreational properties, and any other property not specifically exempted in Section 121.58.
- C) Assets of Sponsors of Aliens
Consider the assets of the sponsor and the sponsor's spouse who sponsored an alien on or after February 1, 1983 (7 CFR 272.1(g)(54)(1984)) in accordance with Section 121.55.
- D) Licensed Vehicles
- i) The Department shall consider ~~the fair market value of a licensed vehicle in excess of \$4650~~ \$4600 unless exempted as stated in Section 121.58.
 - ii) The Department shall consider ~~the equity value of a licensed vehicle unless exempted as stated in Section 121.58.~~
iii) If both equity value and excess fair market value are considered, the Department shall use ~~the value which is greater.~~
iv) The Department shall assign fair market values of licensed vehicles determined by the value of those vehicles as listed in the National Automobile Dealers Association (NADA) Used Car Guide (1984). The fair market values shall be updated every six months.

(Source: Emergency amendment at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days)

SUBPART D: ELIGIBILITY STANDARDS

Section 121.60 Net Monthly Income Eligibility Standards
EMERGENCY

- a) Eligible households whose net monthly income does not exceed the maximum monthly income standards shall be assigned food stamp benefits

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a-coupon-allocation based on the net monthly food stamp income.

b) The maximum net monthly income standards are:

Household Size	Amount
1.....	\$ 645 623
2.....	864 836
3.....	1,082 17059
4.....	1,300 17263
5.....	1,519 17476
6.....	1,737 17699
7.....	1,955 17993
8.....	2,174 27116
Each additional member.....	+219 214
Derived from office of Management and Budget non-farm, income poverty guidelines.	

(Source: Emergency amendment at 20 Ill. Reg. **13381**, effective October 1, 1996, for a maximum of 150 days)

Section 121.61 Gross Monthly Income Eligibility Standards

EMERGENCY

a) Gross Monthly Income Eligibility Standards

1) The gross income standards of eligibility shall be 130 percent of the nonfarm income poverty guidelines prescribed by the Office of Management and Budget (see 7 CFR 273.9(a)(1)(1990)). However, categorically eligible households and households containing a member who is elderly, blind or disabled will be exempt from this gross income check (see also 7 CFR 273.9(c) (1990)). To qualify for increased benefits a household must contain a member who meets one of the following requirements:

- A) A member is 60 years of age or older. An individual is considered age 60 in the fiscal month he or she becomes 60.
- B) A member receives Supplemental Security Income (SSI) benefits under Title XVI of the Social Security Act, (this includes the household where the member is receiving SSI income pending a final decision from the Social Security Administration. This SSI income is being provided on a temporary or emergency basis).
- C) A member receives Social Security disability or blindness benefits under Title II (RSDI) of the Social Security Act.
- D) A member receives State Supplemental Payment (SSP) due to blindness or disability. This does not include cases in PE status pending a determination of blindness or disability.
- E) A veteran with a service connected disability rated or paid as totally disabled by the Veterans Administration (VA).
- F) A veteran considered by the VA to be in need of regular aid and attendance or permanently housebound.

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G) A veteran's surviving spouse who is considered in need of aid and attendance or considered permanently housebound by the Veterans Administration or a veteran's surviving child who is considered permanently incapable of self-support by the Veterans Administration.

H) A veteran's surviving spouse or child entitled to compensation for a service connected death or pension benefits for a non-service connected death from the Veterans Administration if the spouse or child also has a disability considered permanent under Social Security requirements.

I) A member receives federal, state, or local government disability pension and is considered permanently disabled under Social Security requirements.

J) A member receives Railroad Retirement disability benefits.

K) A member receives an annuity payment from Railroad Retirement and is eligible for Medicare.

L) A member receives disability-related medical assistance benefits (Categories 92 and 93) under Title XIX (Medicaid) of the Social Security Act.

2) For those veterans, surviving spouses, or children mentioned in subsections (a)(1)(F) and (G) of this Section, proof of receipt of VA disability benefits is sufficient verification (a)(1)(E) of disability. For those veterans mentioned in subsection (a)(1)(E) of this Section, a verified statement in writing from the VA that the individual is totally disabled must be provided. To verify disability for those individuals mentioned in subsection (a)(1)(H) of this Section, the individual must provide a statement from the Social Security Administration or from a physician of the Medical Practice Act of 1987 [225 ILCS 60], or a licensed or certified psychologist under the Clinical Psychologist Licensing Act [225 ILCS 15] that the individual suffers from one of the disabilities listed in the preamble to Section 221(i) of the Social Security Act (42 U.S.C. 421(i)) or if the disability is obvious, by observation of the caseworker (for example, permanent loss of use of both hands).

b) Household Size

Gross Income

One Person	\$ 839 810
Two Persons	1,123 17087
Three Persons	1,407 17364
Four Persons	1,690 17642
Five Persons	1,974 17919
Six Persons	2,258 27196
Seven Persons	2,542 27474
Eight Persons	2,826 27752
Each Additional Member	+ 284 270

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(Source: Emergency amendment at 20 Ill. Reg. **13381**, effective October 1, 1996, for a maximum of 150 days)

Section 121.63 Deductions From Monthly Income

EMERGENCY

- a) The deductions described in this Section shall be allowed in the determination of the adjusted net monthly food stamp income.
- b) Earned Income Deduction. Eighty percent of total gross earned income is considered. See Sections 121.40 through 121.54 for a description of earned income.
- c) Standard Deduction. The standard deduction is \$134.00 per household per month.
- d) Dependent Care Deduction
 - 1) The dependent care deduction consists of payments for the care of a child or other dependent when necessary for a household member to accept or continue employment or to seek employment in compliance with the job search criteria (contained in 89 Ill. Adm. Code 112.70 through 112.73) or to attend training or pursue education which is preparatory for employment.
 - 2) The amount of the deduction is to be determined by the actual costs for care and is not to exceed \$160.00 per month for each dependent household member.
- e) Shelter Costs Deduction
 - 1) The shelter deduction is the amount of shelter costs that exceed 50% of the household's total income after the allowable deductions in subsections (b), (c) and (d) of this Section have been made. The shelter deduction shall not exceed \$247.00.
 - 2) If the household contains a member who is elderly or disabled, as defined at 7 CFR 271.2 (1990) and Section 121.61, there is no limit on the amount of excess shelter deduction.
 - 3) Households in which all members are homeless but that are not receiving free shelter throughout the month are entitled to a \$143.00 per month homeless shelter costs deduction. Homeless households with shelter costs that exceed the homeless shelter costs deduction are allowed to claim the higher shelter costs, if these costs are verified. Homeless households which receive free housing and utilities throughout the month are not entitled to the homeless shelter costs deduction.
 - 4) Shelter costs include only the following:
 - A) Continuing charges for the shelter occupied by the household (rent, mortgage and other charges leading to the ownership of the shelter, including interest on such charges).
 - B) Property taxes, State and local assessments and insurance on the structure itself.
 - C) Utility costs, as described in subsection (f) of this Section.
 - 5) Shelter costs for a home temporarily unoccupied by the household

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because of employment or training away from home, illness or abandonment caused by a natural disaster or casualty loss, if the household intends to return to the home; the current occupants of the home, if any, are not claiming the shelter costs for food stamp purposes; and the home is not leased or rented during the absence of the household.

- 6) Charges for repair of a home which was damaged or destroyed due to a natural disaster. Shelter costs shall not include repair charges which have been or will be reimbursed by private or public relief agencies, insurance companies or any other source.
- f) Utility Costs
 - 1) Utility costs include:
 - A) the cost of heating and cooking fuel, air conditioning, electricity, water, sewerage, garbage and trash collection fees;
 - B) basic service fee for one telephone (including tax on the basic fee) of \$27.00; and
 - C) fees charged by the utility provider for initial installation.
 - 2) Utility deposits are not considered to be utility costs.
 - 3) Those households which are billed for heating or air conditioning, or both, separately from their rent or mortgage may claim the standard utility allowance of \$209.00. Households living in rental housing who are billed on a regular basis by a landlord for costs for heating or air conditioning, or both, may use the standard utility allowance if utility usage is determined through a meter or otherwise is verifiable or if the charge for heating or air conditioning, or both, is separate and identifiable. If the standard utility allowance is used, then no other utility costs may be claimed. If actual utility costs exceed the standard utility allowance, then actual, verified costs may be claimed, except that if a separately-billed phone expense is claimed only the basic telephone allowance of \$27.00 per month is allowed. The client that--maintains-the-same residence may not switch between the standard utility allowance and actual utility costs only at recertification for a period of 12 months--from-the-time-of--initial--certification--and--no--more frequently--than--once--every--12--months--thereafter.
 - 4) However, during the heating or cooling season, a household that is billed less often than monthly for its costs for heating or air conditioning, or both, but is otherwise eligible to use the standard utility allowance, may continue to use the standard utility allowance between billing months.
 - 5) Households in public housing or privately owned rental units which receive a bill for over-usage are not entitled to use the standard utility allowance. When households (as defined at 7 CFR 273.1(a) (1990)) live together, the standard utility allowance shall be divided equally among the households that which

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contribute toward the utility costs whether or not each household participates in the program.

6) Households whose expense for heat, or air conditioning, or both, is covered by indirect energy assistance payments under the Illinois Home Energy Assistance Program (47 Ill. Adm. Code 100) shall be entitled to the standard utility allowance (7 CFR 273.9 and 273.10(d)(6) (1990)). The provisions of subsection (f)(3) of this Section are applicable to households whose expenses for heating, or air conditioning, or both, are covered by indirect energy assistance payments.

7) Those households which are not billed separately for either heat or air conditioning are not entitled to claim the standard utility allowance but may claim the actual utility amounts for which they are billed separately, subject to the \$27.00 per month limitation for telephone expense.

g) Excess Medical Deductions. A deduction for excess medical expenses shall be allowed for households which contain an elderly or disabled member as defined at 7 CFR 271.2 (1990) and Section 121.61. The medical expenses incurred by the qualifying household member which are over \$35 will be deducted, if the expenses will not be reimbursed by insurance or a third party.

(Source: Emergency amendment at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days)

Section 121.64 Food Stamp Benefit Amount Coupon-Allotment

a) The monthly food stamp benefit coupon-allotment amount is determined by subtracting 30% of the adjusted net monthly income from the maximum monthly food stamp benefit amount allotment.

b) Maximum Monthly Food Stamp Benefit Amount MAXIMUM-MONTHLY-ALLOWANCE:

Household size	
1.....	\$120 ±±9
2.....	\$220 ±±8
3.....	\$315 ±±3
4.....	\$400 ±±7
5.....	\$475 ±±2
6.....	\$570 ±±6
7.....	\$630 ±±6
8.....	\$720 ±±6
Each Additional Member	+ \$ 90

c) All one and two-person households will receive a minimum monthly food stamp benefit amount allotment of \$10.00

d) September Food Stamp Benefit Amount Allotment Adjustment

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The annual revisions of maximum gross and net income standards, standard deduction, maximum excess shelter deduction and food stamp benefit amounts coupon-allotments are effective October 1st of each year. Because the September fiscal month of certain households includes days which fall in the October calendar month, the portion of the September fiscal food stamp benefit amount allotment covering October 1st and later must be increased to reflect the new standards.

(Source: Emergency amendment at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days)

SUBPART E: HOUSEHOLD CONCEPT

Section 121.70 Composition of the Assistance Unit
EMERGENCY

a) The food stamp unit shall contain all members of the household. For food stamp purposes, the definition of household is:

- 1) An individual living alone;
- 2) An individual living with others but customarily purchasing food and preparing meals for home consumption separate and apart from others;
- 3) A group of individuals who live together and customarily purchase food and prepare meals together for home consumption;
- 4) An individual and the individual's spouse, if present, who meets each of the following conditions:

- A) lives with others and is 60 years of age or older; and
- B) is unable to buy food and prepare meals because the individual suffers from either:

- i) a disability that is considered permanent under the Social Security Act as determined by a statement from the Social Security Administration or a physician licensed under the Medical Practice Act of 1987 [225 ILCS 60] or a psychologist licensed under the Clinical Psychologist Licensing Act [225 ILCS 15] or if the disability is obvious, by observation of the caseworker, for example, permanent loss of use of both hands; or
- ii) a non-disease related severe, permanent disability. A "non-disease related severe, permanent disability" is a disability that may or may not be listed in the preamble to Section 221(i) of the Social Security Act (42 U.S.C. 421(i)), but which prevents the individual from purchasing and preparing his own meals as observed by the caseworker, or verified by a statement from a physician licensed under the Medical Practice Act of 1987 [225 ILCS 60] or a psychologist licensed under the Clinical Psychologist Licensing Act [225

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- ILCS 15]; and
- C) the gross ~~nonexempt~~ non-exempt income of the other individuals with whom the elderly disabled individual (and spouse) is living is not more than 165 percent of the poverty level. For information on "nonexempt ~~non-exempt~~ gross income", see Sections 121.30 through 121.34, 121.40, and 121.50 through 121.55.
- b) Separate household status shall not be granted to:
- 1) A child (except a foster child) who is less than 18 years of age and is under the parental control of an adult household member other than a parent, unless the child purchases food and prepares meals separately and lives with his or her own child or children or spouse.
 - 2) A parent or parents and their child or children when the children are age 21 or under, ~~unless--the--children--purchase--food--and prepare--meals--separately--and--live--with--their--child--children--or spouse.~~
 - 3) A spouse of a member of the household.
 - 4) A boarder. Adults and children in foster care are considered boarders and are not required to be considered household members.
- (Source: Emergency amendment at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days)

SUBPART F: MISCELLANEOUS PROGRAM PROVISIONS

Section 121.131 Fleeing Felons and Probation/Parole Violators
EMERGENCY

Individuals are ineligible to receive food stamp benefits if they are:

- a) fleeing the law to avoid prosecution, custody or confinement after conviction for a crime or attempting to commit a crime that is a felony under the law from the place from which the person is fleeing, or
- b) violating a condition of probation or parole imposed under a federal or State law.

(Source: Emergency added at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days)

SUBPART G: INTENTIONAL VIOLATIONS OF THE PROGRAM

Section 121.151 Penalties for Intentional Violations of the Program
EMERGENCY

- a) Persons found to have intentionally violated the Food Stamp Program, as set forth in Section 121.153(a), are disqualified for:
 - 1) 12 6 months for the first violation;

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- 2) 24 12 months for the second violation; and
 - 3) permanently for the third violation; or
 - 4) as specified by a court decision.
- b) A person is permanently disqualified if he or she is convicted of trafficking food stamp benefits of \$500 or more.
- c) A person is disqualified from receiving food stamps for ten years when an Administrative Disqualification Hearing or a federal or State court convicts him or her of making a false statement or representation about his or her identity or residence and as a result he or she receives more than one food stamp issuance at the same time.
- d) If the person is currently participating in the Food Stamp Program, disqualification begins no later than the second fiscal month (defined at 89 Ill. Adm. Code 101.20) after the month of the hearing decision. Once the period of disqualification is imposed, it continues regardless of the eligibility of the disqualified member's household.
- e) If the person is not participating in the Food Stamp Program, the disqualification begins the month after the month of the hearing decision.
- f) If the individual intentionally failed to report income, the earned income deduction is not applied to that portion of income the individual failed to report (not the entire amount of earned income) when calculating the overpayment amount.

(Source: Emergency amendment at 20 Ill. Reg. 13381, effective October 1, 1996, for a maximum of 150 days)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

- 1) Heading of the Part: Pay Plan
- 2) The Code Citation: 80 Ill. Adm. Code 310
- 3) Section Numbers: Peremptory Action:
 310.Appendix A, Table J Amended
 310.Appendix A, Table L Amended
 310.Appendix A, Table P Amended
- 4) Reference to the specific State or Federal Court Order, Federal Rule or Statute which requires this Peremptory Rulemaking: Section 1-5(d) of the Illinois Administrative Procedure Act [5 ILCS 100/1-5(d)]
- 5) Statutory Authority: 20 ILCS 415/8 and 8a.
- 6) Effective Date: September 24, 1996
- 7) A Complete Description of the Subjects and Issues Involved: In Section 310.Table J RC-014 (Clerical Employees, AFSCME), the new Lottery Telemarketing Representative is being added with the monthly salary range of \$1,660-2,287, effective September 16, 1996.
- In Section 310.Table L RC-008 (Boilermakers), the monthly salary range for the Boiler Safety Specialist was increased to \$3,660.53-4,481.04, effective September 1, 1996.
- In Section 310.Table P RC-029 (Paraprofessional Investigatory and Law Enforcement Employees, IPPE), the Vehicle Testing Compliance Officer title was replaced by the Vehicle Compliance Inspector with the salary range remaining the same, effective September 18, 1996.
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Date Filed in Agency's Principle Office: September 24, 1996
- 10) Is this Rule in compliance with Section 5-50 of the Illinois Administrative Procedures Act? Yes
- 11) Are there any proposed amendments pending to this Part? Yes

<u>Section Number</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
310.290	Amended	20 Ill. Reg. 9777 (July 26, 1996)
310.440	Amended	20 Ill. Reg. 9777 (July 26, 1996)
310.450	Amended	20 Ill. Reg. 9777 (July 26, 1996)
310.456	Repealed	20 Ill. Reg. 9777 (July 26, 1996)
310.530	Amended	20 Ill. Reg. 9777 (July 26, 1996)
310.540	Amended	20 Ill. Reg. 9777 (July 26, 1996)

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- Appendix C Amended 20 Ill. Reg. 9777 (July 26, 1996)
 Appendix D Amended 20 Ill. Reg. 9777 (July 26, 1996)
 Appendix G Amended 20 Ill. Reg. 9777 (July 26, 1996)
- 12) Statement of Statewide Objectives: These amendments to the Pay Plan pertain only to State employees subject to the Personnel Code and do not set out any guidelines that are to be followed by local or other jurisdictional bodies within the State.
- 13) The name, address and telephone number of the person to whom information and questions concerning this peremptory rule shall be directed to:

Mr. Michael Murphy
 Department of Central Management Services
 Division of Technical Services
 504 William G. Stratton Building
 Springfield IL 62706
 (217) 782-5601

The full text of the Peremptory Amendment begins on the next page:

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NOTICE OF PEREMPTORY AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

SUBTITLE B: PERSONNEL RULES, PAY PLANS, AND
POSITION CLASSIFICATIONS

CHAPTER I: DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

PART 310

PAY PLAN

SUBPART A: NARRATIVE

Section	
310.20	Policy and Responsibilities
310.30	Jurisdiction
310.40	Pay Schedules
310.50	Definitions
310.60	Conversion of Base Salary to Pay Period Units
310.70	Conversion of Base Salary to Daily or Hourly Equivalents
310.80	Increases in Pay
310.90	Decreases in Pay
310.100	Other Pay Provisions
310.110	Implementation of Pay Plan Changes for Fiscal Year 1996
310.120	Interpretation and Application of Pay Plan
310.130	Effective Date
310.140	Reinstitution of Within Grade Salary Increases
310.150	Fiscal Year 1985 Pay Changes in Schedule of Salary Grades, Effective July 1, 1984 (Repealed)

SUBPART B: SCHEDULE OF RATES

Section

310.205	Introduction
310.210	Prevailing Rate
310.220	Negotiated Rate
310.230	Part-Time Daily or Hourly Special Services Rate
310.240	Hourly Rate
310.250	Member, Patient and Inmate Rate
310.260	Trainee Rate
310.270	Legislated and Contracted Rate
310.280	Designated Rate
310.290	Out-of-State or Foreign Service Rate
310.300	Educator Schedule for RC-063 and HR-010
310.310	Physician Specialist Rate
310.320	Annual Compensation Ranges for Executive Director and Assistant Executive Director, State Board of Elections
310.330	Excluded Classes Rate (Repealed)

SUBPART C: MERIT COMPENSATION SYSTEM

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Section	
310.410	Jurisdiction
310.420	Objectives
310.430	Responsibilities
310.440	Merit Compensation Salary Schedule
310.450	Procedures for Determining Annual Merit Increases
310.455	Intermittent Merit Increase
310.456	Merit Zone
310.460	Other Pay Increases
310.470	Adjustment
310.480	Decreases in Pay
310.490	Other Pay Provisions
310.495	Broad-Band Pay Range Classes
310.500	Definitions
310.510	Conversion of Base Salary to Pay Period Units
310.520	Conversion of Base Salary to Daily or Hourly Equivalents
310.530	Implementation
310.540	Annual Merit Increase Guidechart for Fiscal Year 1995
310.550	Fiscal Year 1985 Pay Changes in Merit Compensation System, effective July 1, 1984 (Repealed)

APPENDIX A

TABLE A	Negotiated Rates of Pay HR-190 (Department of Central Management Services - State of Illinois Building - SEIU)
TABLE AA	NR-916 (Department of Natural Resources, Teamsters)
TABLE B	HR-200 (Department of Labor - Chicago, Illinois - SEIU)
TABLE C	RC-069 (Firefighters, AFSCME)
TABLE D	HR-001 (Teamsters Local #726)
TABLE E	RC-020 (Teamsters Local #330)
TABLE F	RC-019 (Teamsters Local #25)
TABLE G	RC-045 (Automotive Mechanics, IFPE)
TABLE H	RC-006 (Corrections Employees, AFSCME)
TABLE I	RC-009 (Institutional Employees, AFSCME)
TABLE J	RC-014 (Clerical Employees, AFSCME)
TABLE K	RC-023 (Registered Nurses, INA)
TABLE L	RC-008 (Boilermakers)
TABLE M	RC-110 (Conservation Police Lodge)
TABLE N	RC-010 (Professional Legal Unit, AFSCME)
TABLE O	RC-028 (Paraprofessional Human Services Employees, AFSCME)
TABLE P	RC-029 (Paraprofessional Investigatory and Law Enforcement Employees, IFPE)
TABLE Q	RC-033 (Meat Inspectors, IFPE)
TABLE R	RC-042 (Residual Maintenance Workers, AFSCME)
TABLE S	HR-012 (Fair Employment Practices Employees, SEIU)
TABLE T	HR-010 (Teachers of Deaf, IFT)
TABLE U	HR-010 (Teachers of Deaf, Extracurricular Paid Activities)
TABLE V	CU-500 (Corrections, Meet and Confer Employees)
TABLE W	RC-062 (Technical Employees, AFSCME)

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TABLE X	RC-063 (Professional Employees, AFSCME)
TABLE Y	RC-063 (Educators, AFSCME)
TABLE Z	RC-063 (Physicians, AFSCME)
APPENDIX B	Schedule of Salary Grades - Monthly Rates of Pay for Fiscal Year 1997
APPENDIX C	Medical Administrator Rates for Fiscal Year 1995
APPENDIX D	Merit Compensation System Salary Schedule for Fiscal Year 1995
APPENDIX E	Teaching Salary Schedule (Repealed)
APPENDIX F	Physician and Physician Specialist Salary Schedule (Repealed)
APPENDIX G	Broad-Band Pay Range Classes Salary Schedule

AUTHORITY: Implementing and authorized by Sections 8 and 8a of the Personnel Code [20 ICS 415/8 and 8a].

SOURCE: Filed June 28, 1967; codified at 8 Ill. Reg. 1558; emergency amendment at 8 Ill. Reg. 1990, effective January 31, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 2440, effective February 15, 1984; emergency amendment at 8 Ill. Reg. 3348, effective March 5, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 4249, effective March 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 5704, effective April 16, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 7290, effective May 11, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 11299, effective June 25, 1984; emergency amendment at 8 Ill. Reg. 12616, effective July 1, 1984, for a maximum of 150 days; emergency amendment at 8 Ill. Reg. 15007, effective August 6, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 15367, effective August 13, 1984; emergency amendment at 8 Ill. Reg. 21310, effective October 10, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21544, effective October 24, 1984; amended at 8 Ill. Reg. 22844, effective November 14, 1984; emergency amendment at 9 Ill. Reg. 1134, effective January 16, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 1320, effective January 23, 1985; amended at 9 Ill. Reg. 3681, effective March 12, 1985; emergency amendment at 9 Ill. Reg. 4163, effective March 15, 1985, for a maximum of 150 days; emergency amendment at 9 Ill. Reg. 9231, effective May 31, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9420, effective June 7, 1985; amended at 9 Ill. Reg. 10663, effective July 1, 1985; emergency amendment at 9 Ill. Reg. 15043, effective September 24, 1985, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 3325, effective January 22, 1986; amended at 10 Ill. Reg. 3230, effective January 24, 1986; emergency amendment at 10 Ill. Reg. 8904, effective May 13, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 8928, effective May 13, 1986; emergency amendment at 10 Ill. Reg. 12090, effective June 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 13675, effective July 31, 1986; peremptory amendment at 10 Ill. Reg. 14867, effective August 26, 1986; amended at 10 Ill. Reg. 15567, effective September 17, 1986; emergency amendment at 10 Ill. Reg. 17765, effective September 30, 1986, for a maximum of 150 days; peremptory amendment at 10 Ill. Reg. 19132, effective October 28, 1986; peremptory amendment at 10 Ill. Reg. 21097, effective December 9, 1986; amended at 11 Ill. Reg. 648, effective December 22, 1986; peremptory amendment at 11 Ill. Reg.

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NOTICE OF PEREMPTORY AMENDMENTS

3363, effective February 3, 1987; peremptory amendment at 11 Ill. Reg. 4388, effective February 27, 1987; peremptory amendment at 11 Ill. Reg. 6291, effective March 23, 1987; amended at 11 Ill. Reg. 5901, effective March 24, 1987; emergency amendment at 11 Ill. Reg. 8787, effective April 15, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 11830, effective July 1, 1987, for a maximum of 150 days; peremptory amendment at 11 Ill. Reg. 13675, effective July 29, 1987; amended at 11 Ill. Reg. 14984, effective August 27, 1987; peremptory amendment at 11 Ill. Reg. 15273, effective September 1, 1987; peremptory amendment at 11 Ill. Reg. 17919, effective October 19, 1987; peremptory amendment at 11 Ill. Reg. 19812, effective November 19, 1987; emergency amendment at 11 Ill. Reg. 20664, effective December 4, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20778, effective December 11, 1987; peremptory amendment at 12 Ill. Reg. 3811, effective January 27, 1988; peremptory amendment at 12 Ill. Reg. 5459, effective March 3, 1988; amended at 12 Ill. Reg. 6073, effective March 21, 1988; peremptory amendment at 12 Ill. Reg. 7783, effective April 14, 1988; emergency amendment at 12 Ill. Reg. 7734, effective April 15, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 8135, effective April 22, 1988; peremptory amendment at 12 Ill. Reg. 9745, effective May 23, 1988; emergency amendment at 12 Ill. Reg. 11778, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 12895, effective July 18, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 13306, effective July 27, 1988; corrected at 12 Ill. Reg. 13359; amended at 12 Ill. Reg. 14630, effective September 6, 1988; amended at 12 Ill. Reg. 20449, effective November 28, 1988; peremptory amendment at 12 Ill. Reg. 20584, effective November 28, 1988; peremptory amendment at 13 Ill. Reg. 8080, effective May 10, 1989; amended at 13 Ill. Reg. 8849, effective May 30, 1989; peremptory amendment at 13 Ill. Reg. 8970, effective May 26, 1989; emergency amendment at 13 Ill. Reg. 10967, effective June 20, 1989, for a maximum of 150 days; emergency amendment expired on November 17, 1989; amended at 13 Ill. Reg. 11451, effective June 28, 1989; emergency amendment at 13 Ill. Reg. 11854, effective July 1, 1989, for a maximum of 150 days; corrected at 13 Ill. Reg. 12647; peremptory amendment at 13 Ill. Reg. 12887, effective July 24, 1989; amended at 13 Ill. Reg. 16950, effective October 20, 1989; amended at 13 Ill. Reg. 19221, effective December 12, 1989; amended at 14 Ill. Reg. 615, effective January 2, 1990; peremptory amendment at 14 Ill. Reg. 1627, effective January 11, 1990; amended at 14 Ill. Reg. 4455, effective March 12, 1990; peremptory amendment at 14 Ill. Reg. 7652, effective May 7, 1990; amended at 14 Ill. Reg. 10002, effective June 11, 1990; emergency amendment at 14 Ill. Reg. 11330, effective June 29, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14361, effective August 24, 1990; emergency amendment at 14 Ill. Reg. 15570, effective September 11, 1990, for a maximum of 150 days; emergency amendment expired on February 8, 1991; corrected at 14 Ill. Reg. 16092; peremptory amendment at 14 Ill. Reg. 17098, effective September 26, 1990; amended at 14 Ill. Reg. 17189, effective October 2, 1990; amended at 14 Ill. Reg. 17189, effective October 19, 1990; amended at 14 Ill. Reg. 18719, effective November 13, 1990; peremptory amendment at 14 Ill. Reg. 18854, effective November 13, 1990; peremptory amendment at 15 Ill. Reg. 663, effective January 7, 1991; amended at 15 Ill. Reg. 3296, effective February 14,

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NOTICE OF PEREMPTORY AMENDMENTS

1991; amended at 15 Ill. Reg. 4401, effective March 11, 1991; peremptory amendment at 15 Ill. Reg. 5100, effective March 20, 1991; peremptory amendment at 15 Ill. Reg. 5465, effective April 2, 1991; emergency amendment at 15 Ill. Reg. 10485, effective July 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 11080, effective July 19, 1991; amended at 15 Ill. Reg. 13080, effective August 21, 1991; amended at 15 Ill. Reg. 14210, effective September 23, 1991; emergency amendment at 16 Ill. Reg. 711, effective December 26, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3450, effective February 20, 1992; peremptory amendment at 16 Ill. Reg. 5068, effective March 11, 1992; peremptory amendment at 16 Ill. Reg. 7056, effective April 20, 1992; emergency amendment at 16 Ill. Reg. 8239, effective May 19, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 8382, effective May 26, 1992; emergency amendment at 16 Ill. Reg. 13950, effective August 19, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14452, effective September 4, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 238, effective December 23, 1992; peremptory amendment at 17 Ill. Reg. 498, effective December 18, 1992; amended at 17 Ill. Reg. 590, effective January 4, 1993; amended at 17 Ill. Reg. 1819, effective February 2, 1993; amended at 17 Ill. Reg. 6441, effective April 8, 1993; emergency amendment at 17 Ill. Reg. 12900, effective July 22, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 13409, effective July 29, 1993; emergency amendment at 17 Ill. Reg. 13789, effective August 9, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 14666, effective August 26, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 19103, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 21858, effective December 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 22514, effective December 15, 1993; amended at 18 Ill. Reg. 227, effective December 17, 1993; amended at 18 Ill. Reg. 1107, effective January 18, 1994; amended at 18 Ill. Reg. 5146, effective March 21, 1994; peremptory amendment at 18 Ill. Reg. 9562, effective June 13, 1994; emergency amendment at 18 Ill. Reg. 11299, effective July 1, 1994, for a maximum of 150 days; peremptory amendment at 18 Ill. Reg. 13476, effective August 17, 1994; emergency amendment at 18 Ill. Reg. 14417, effective September 9, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16545, effective October 31, 1994; peremptory amendment at 18 Ill. Reg. 16708, effective October 28, 1994; amended at 18 Ill. Reg. 17191, effective November 21, 1994; amended at 19 Ill. Reg. 1024, effective January 24, 1995; peremptory amendment at 19 Ill. Reg. 2481, effective February 17, 1995; peremptory amendment at 19 Ill. Reg. 3073, effective February 17, 1995; amended at 19 Ill. Reg. 3456, effective March 7, 1995; peremptory amendment at 19 Ill. Reg. 5145, effective March 14, 1995; amended at 19 Ill. Reg. 6452, effective May 2, 1995; peremptory amendment at 19 Ill. Reg. 6688, effective May 1, 1995; amended at 19 Ill. Reg. 7841, effective June 1, 1995; amended at 19 Ill. Reg. 8156, effective June 12, 1995; amended at 19 Ill. Reg. 9096, effective June 27, 1995; emergency amendment at 19 Ill. Reg. 11954, effective August 1, 1995, for a maximum of 150 days; peremptory amendment at 19 Ill. Reg. 13979, effective September 19, 1995; peremptory amendment at 19 Ill. Reg. 15103, effective October 12, 1995; amended at 19 Ill. Reg. 16160, effective November 28, 1995; amended at 20 Ill. Reg. 308, effective December 22, 1995; emergency amendment at 20 Ill. Reg. 4060, effective February 27,

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NOTICE OF PEREMPTORY AMENDMENTS

1996, for a maximum of 150 days; peremptory amendment at 20 Ill. Reg. 6334, effective April 22, 1996; peremptory amendment at 20 Ill. Reg. 7434, effective May 14, 1996; amended at 20 Ill. Reg. 8301, effective June 11, 1996; amended at 20 Ill. Reg. 8657, effective June 20, 1996; amended at 20 Ill. Reg. 9925, effective July 10, 1996; emergency amendment at 20 Ill. Reg. 10213, effective July 15, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 10213, effective July 15, 1996, for a maximum of 150 days; peremptory amendment at 20 Ill. Reg. **13408**, effective September 24, 1996.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Section 310. APPENDIX A Negotiated Rates of Pay

Section 310. TABLE J RC-014 (Clerical Employees, AFSCME)

Effective: July 1, 1994

	S T E P S		
	1	2	3
Account Clerk I	1447	1490	1540
Account Clerk II	1546	1592	1647
Account Technician I	1724	1776	1853
Account Technician II	1885	1942	2024
Administrative Services Worker Trainee	1324	1364	1401
Aircraft Dispatcher	1885	1942	2024
Aircraft Lead Dispatcher	2062	2124	2216
Audio Visual Technician I	1495	1540	1592
Audio Visual Technician II	1660	1710	1774
Buyer Assistant	1724	1776	1853
Check Issuance Machine Operator	1660	1710	1774
Clerical Trainee	TR		
Communication Dispatcher	1660	1710	1774
Communication Equipment Technician I	2373	2444	2561
Communication Equipment Technician II	2637	2716	2854
Communication Equipment Technician III	2786	2870	2988
Court Reporter	2153	2218	2321
Data Processing Assistant	1495	1540	1592
Data Processing Operator	1399	1441	1490
Data Processing Operator Trainee	1324	1364	1401
Drafting Worker	1800	1854	1931
Electronic Equipment Installer/Repairer	1724	1776	1853
Electronic Equipment Installer/Repairer Leadworker	1885	1942	2024
Electronics Technician	2153	2218	2321
Emergency Response Lead	1885	1942	2024
Emergency Response Telecommunicator	1724	1776	1853
Engineering Technician II	1967	2026	2112
Engineering Technician III	2262	2330	2438
Executive Secretary I	1800	1854	1931
Graphic Arts Designer	2062	2124	2216
Graphic Arts Technician	1885	1942	2024
Industrial Communication Reporter	2262	2330	2438

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Industrial Commission Technician	1800	1854	1931	2002
Insurance Analyst I	1660	1710	1774	1843
Insurance Analyst II	1885	1942	2024	2100
Insurance Analyst Trainee	1546	1592	1647	1705
Intermittent Clerk	8.15	8.39	8.62	8.87
Library Aide I	1360	1401	1441	1490
Library Aide II	1447	1490	1540	1591
Library Aide III	1546	1592	1647	1705
Library Technical Assistant	1724	1776	1853	1920
Licensing Quality Assurance Analyst	1660	1710	1774	1843
Microfilm Laboratory Technician I	1546	1592	1647	1705
Microfilm Laboratory Technician II	1660	1710	1774	1843
Microfilm Operator I	1399	1441	1490	1538
Microfilm Operator II	1495	1540	1592	1644
Microfilm Operator III	1599	1647	1710	1771
Office Aide	1324	1364	1401	1441
Office Associate	1495	1540	1592	1644
Office Associate	1599	1647	1710	1771
Office Clerk	1399	1441	1490	1538
Office Coordinator	1660	1710	1774	1843
Photographer I	1800	1854	1931	2002
Photographer II	2062	2124	2216	2309
Photographer III	2153	2218	2321	2422
Photographic Technician I	1800	1854	1931	2002
Photographic Technician II	2062	2124	2216	2309
Photographic Technician III	2153	2218	2321	2422
Procurement Representative	1660	1710	1774	1843
Property & Supply Clerk I	1399	1441	1487	1535
Property & Supply Clerk II	1490	1535	1582	1640
Property Tax Examiner	1660	1710	1774	1843
Rehabilitation Case Coordinator I	1546	1592	1647	1705
Rehabilitation Case Coordinator II	1660	1710	1774	1843
Reproduction Service Technician I	1447	1490	1540	1591
Reproduction Service Technician II	1660	1710	1774	1843
Reproduction Service Technician III	1800	1854	1931	2002
Safety Responsibility Analyst I	1660	1710	1774	1843
Safety Responsibility Analyst II	1885	1942	2024	2100
Storekeeper I	1786	1840	1909	1986
Storekeeper II	1938	1996	2081	2162
Stores Clerk	1444	1487	1535	1581
Switchboard Operator I	1399	1441	1490	1538
Switchboard Operator II	1495	1540	1592	1644
Tax Examiner	1660	1710	1774	1843
Tax Examiner Trainee	1495	1540	1592	1644
Taxpayer Service Representative I	1495	1540	1592	1644
Taxpayer Service Representative II	1660	1710	1774	1843
Taxpayer Service Representative III	1885	1942	2024	2100
Telecommunications Field Advisor	2153	2218	2321	2422

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Telecommunications Advisor Lead Worker	2373	2444	2561	2680
Telecommunicator	1885	1942	2024	2100
Telecommunicator-Command Center	1967	2026	2112	2202
Telecommunicator Lead Worker	2062	2124	2216	2309
Telecommunicator Lead Worker-Command Center	2153	2218	2321	2422
Telecommunicator Trainee	1724	1776	1853	1920
Vehicle Permit Evaluator	1800	1854	1931	2002
Veterans Service Officer Associate	1800	1854	1931	2002

S T E P S (cont.)

	4	5	6	7
1642	1690	1710	1826	
1763	1820	1881	1982	
1993	2063	2138	2256	
2187	2267	2353	2484	
1489	1532	1574	1647	
2187	2267	2353	2484	
2412	2504	2601	2751	
1700	1753	1810	1901	
1909	1981	2049	2155	
1993	2063	2138	2256	
1909	1981	2049	2155	
1909	1981	2049	2155	
2792	2906	3024	3204	
3126	3258	3395	3600	
3305	3447	3589	3809	
2521	2624	2722	2884	
1700	1753	1810	1901	
1582	1635	1680	1766	
1489	1532	1574	1647	
2084	2161	2235	2360	
1993	2063	2138	2256	
2187	2267	2353	2484	
2521	2624	2722	2884	
1993	2063	2138	2256	
2291	2378	2469	2609	
2655	2766	2877	3047	
2084	2161	2235	2360	
2412	2504	2601	2751	
2187	2267	2353	2484	
2655	2766	2877	3047	
2084	2161	2235	2360	
1909	1981	2049	2155	
2187	2267	2353	2484	
1763	1820	1881	1982	

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9.16	9.43	9.69	10.14
1535	1578	1623	1701
1642	1690	1740	1826
1763	1820	1881	1982
1993	2063	2138	2256
1909	1981	2049	2155
1763	1820	1881	1982
1909	1981	2049	2155
1582	1635	1680	1766
1700	1753	1810	1901
1838	1897	1962	2066
1489	1532	1574	1647
1700	1753	1810	1901
1838	1897	1962	2066
1582	1635	1680	1766
1909	1981	2049	2155
2084	2161	2235	2360
2412	2504	2601	2751
2521	2624	2722	2884
2084	2161	2235	2360
2412	2504	2601	2751
2521	2624	2722	2884
1909	1981	2049	2155
1580	1623	1674	1760
1689	1740	1795	1882
1909	1981	2049	2155
1763	1820	1881	1982
1909	1981	2049	2155
1642	1690	1740	1826
1909	1981	2049	2155
2084	2161	2235	2360
1909	1981	2049	2155
2187	2267	2353	2484
2055	2137	2206	2324
2250	2334	2412	2549
1632	1683	1731	1818
1582	1635	1680	1766
1700	1753	1810	1901
1909	1981	2049	2155
1700	1753	1810	1901
1700	1753	1810	1901
1909	1981	2049	2155
2187	2267	2353	2484
2521	2624	2722	2884
2792	2906	3024	3204
2187	2267	2353	2484
2291	2378	2469	2609
2412	2504	2601	2751

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2521 2624 2722 2884
1993 2063 2138 2256
2084 2161 2235 2360
2084 2161 2235 2360

Effective: November 1, 1994

S T E P S

1a 1/ 1 2 3
Telecommunicator Call Taker 1967 2026 2112 2202
Telecommunicator Lead Call Taker 2153 2218 2321 2422

S T E P S (cont.)

4 5 6 7
2291 2378 2469 2609
2521 2624 2722 2884

1/ Entry level step in first year of contract.

Effective July 1, 1995

S T E P S

1b 2/ 1a 1 2 3
Account Clerk I 1447 1490 1535 1586 1639
Account Clerk II 1546 1592 1640 1696 1756
Account Technician I 1724 1776 1829 1909 1978
Account Technician II 1885 1942 2000 2085 2163
Administrative Services Worker Trainee 1324 1364 1405 1443 1484

1885 1942 2000 2085 2163
Aircraft Dispatcher 2062 2124 2188 2282 2378
Aircraft Lead Dispatcher 1495 1540 1586 1640 1683
Audio Visual Technician I 1710 1761 1827 1898
Audio Visual Technician II 1776 1829 1909 1978
Buyer Assistant 1660 1710 1761 1827 1898
Check Issuance Machine Operator 1660 1710 1761 1827 1898

1660 1710 1761 1827 1898
Clerical Trainee TR
Communication Dispatcher 1660 1710 1761 1827 1898
Communication Equipment Technician I 2373 2444 2517 2638 2760
Communication Equipment Technician II 2637 2716 2797 2940 3078
Communication Equipment Technician III 2786 2870 2956 3104 3250

2153 2218 2285 2391 2495
Court Reporter 1495 1540 1586 1640 1693
Data Processing Assistant 1399 1441 1484 1535 1584

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NOTICE OF PEREMPTORY AMENDMENTS

Data Processing Operator Trainee 1324 1364 1405 1443 1484
Drafting Worker 1800 1854 1910 1989 2062
Electronic Equipment Installer/Repairer 1724 1776 1829 1909 1978
Electronic Equipment Installer/Repairer Leadworker 1885 1942 2000 2085 2163
Electronics Technician 2153 2218 2285 2391 2495
Emergency Response Lead 1885 1942 2000 2085 2163
Telecommunicator 1724 1776 1829 1909 1978
Emergency Response Telecommunicator 1967 2026 2087 2175 2268
Engineering Technician II 2330 2400 2511 2625
Engineering Technician III 1800 1854 1910 1989 2062
Executive Secretary I 2062 2124 2188 2282 2378
Graphic Arts Designer 1885 1942 2000 2085 2163
Graphic Arts Technician 2262 2330 2400 2511 2625
Industrial Commission Reporter 1800 1854 1910 1989 2062
Industrial Commission Technician 1660 1710 1761 1827 1898
Insurance Analyst I 1885 1942 2000 2085 2163
Insurance Analyst II 1546 1592 1640 1696 1756
Insurance Analyst Trainee 8.15 8.39 8.65 8.88 9.13
Intermittent Clerk 1360 1401 1443 1484 1535
Library Aide I 1447 1490 1535 1586 1639
Library Aide II 1724 1776 1829 1909 1978
Library Technical Assistant 1546 1592 1640 1696 1756
Microfilm Laboratory Technician I 1660 1710 1761 1827 1898
Microfilm Laboratory Technician II 1399 1441 1484 1535 1584
Microfilm Operator I 1495 1540 1586 1640 1693
Microfilm Operator II 1599 1647 1696 1761 1824
Microfilm Operator III 1324 1364 1405 1443 1484
Office Aide 1495 1540 1586 1640 1693
Office Assistant 1599 1647 1696 1761 1824
Office Associate 1399 1441 1484 1535 1584
Office Clerk 1660 1710 1761 1827 1898
Office Coordinator 1800 1854 1910 1989 2062
Photographer I 2124 2188 2282 2378
Photographer II 2153 2218 2285 2391 2495
Photographer III 1800 1854 1910 1989 2062
Photographic Technician I 2062 2124 2188 2282 2378
Photographic Technician II 1660 1710 1761 1827 1898
Photographic Technician III 1399 1441 1484 1532 1581
Procurement Representative 1490 1535 1581 1629 1689
Property & Supply Clerk I 1660 1710 1761 1827 1898
Property & Supply Clerk II 1546 1592 1640 1696 1756
Property Tax Examiner 1660 1710 1761 1827 1898
Rehabilitation Case Coordinator I 1660 1710 1761 1827 1898
Rehabilitation Case Coordinator II 1447 1490 1535 1586 1639
Reproduction Service Technician I 1660 1710 1761 1827 1898
Reproduction Service Technician II

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Reproduction Service Technician III	1800	1854	1910	1989	2062
Safety Responsibility Analyst	1885	1942	2000	2085	2163
Storekeeper I	1786	1840	1895	1966	2046
Storekeeper II	1938	1996	2056	2143	2227
Stores Clerk	1444	1487	1532	1581	1628
Switchboard Operator I	1399	1441	1484	1535	1584
Switchboard Operator II	1495	1540	1586	1640	1693
Telecommunications Field Advisor	2153	2218	2285	2391	2495
Telecommunications Advisor Lead Worker	2373	2444	2517	2638	2760
Telecommunicator	1885	1942	2000	2085	2163
Telecommunicator-Command Center	1967	2026	2087	2175	2268
Telecommunicator Call Taker	1967	2026	2087	2175	2268
Telecommunicator Lead Call Taker	2153	2218	2285	2391	2495
Telecommunicator Lead Worker	2062	2124	2188	2282	2378
Telecommunicator Lead Worker-Command Center	2153	2218	2285	2391	2495
Telecommunicator Trainee	1724	1776	1829	1909	1978
Vehicle Permit Evaluator	1800	1854	1910	1989	2062
Veterans Service Officer Associate	1800	1854	1910	1989	2062

S T E P S (cont.)

4	5	6	7
1691	1741	1792	1881
1816	1875	1937	2041
2053	2125	2202	2324
2253	2335	2424	2559
1534	1578	1621	1696
2253	2335	2424	2559
2484	2579	2679	2834
1751	1806	1864	1958
1966	2040	2110	2220
2053	2125	2202	2324
1966	2040	2110	2220
1966	2040	2110	2220
2876	2993	3115	3300
3220	3356	3497	3708
3404	3550	3697	3923
2597	2703	2804	2971
1751	1806	1864	1958
1629	1684	1730	1819
1534	1578	1621	1696
2147	2226	2302	2431
2053	2125	2202	2324
2253	2335	2424	2559
2597	2703	2804	2971
2253	2335	2424	2559
2253	2335	2424	2559
2053	2125	2202	2324

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2360	2449	2543	2687
2735	2849	2963	3138
2147	2226	2302	2431
2484	2579	2679	2834
2253	2335	2424	2559
2735	2849	2963	3138
2147	2226	2302	2431
1966	2040	2110	2220
2253	2335	2424	2559
1816	1875	1937	2041
9.44	9.71	9.98	10.44
1581	1625	1672	1758
1691	1741	1792	1881
1816	1875	1937	2041
2053	2125	2202	2324
1966	2040	2110	2220
1816	1875	1937	2041
1966	2040	2110	2220
1629	1684	1730	1819
1751	1806	1864	1958
1893	1954	2021	2128
1534	1578	1621	1696
1751	1806	1864	1958
1893	1954	2021	2128
1629	1684	1730	1819
1966	2040	2110	2220
2147	2226	2302	2431
2484	2579	2679	2834
2597	2703	2804	2971
2147	2226	2302	2431
2484	2579	2679	2834
2597	2703	2804	2971
1966	2040	2110	2220
1627	1672	1724	1813
1740	1792	1849	1938
1966	2040	2110	2220
1816	1875	1937	2041
1966	2040	2110	2220
1691	1741	1792	1881
1966	2040	2110	2220
2147	2226	2302	2431
2253	2335	2424	2559
2117	2201	2272	2394
2318	2404	2484	2625
1681	1733	1783	1873
1629	1684	1730	1819
1751	1806	1864	1958
1966	2040	2110	2220

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	S T E P S		
	1a	1b	1c 3/
Account Clerk I	1751	1806	1864
Account Clerk II	1751	1806	1864
Account Technician I	1966	2040	2110
Account Technician II	2253	2335	2424
Administrative Services Worker	2597	2703	2804
Trainee	2876	2993	3115
Aircraft Dispatcher	2253	2335	2424
Aircraft Lead Dispatcher	2360	2449	2543
Audio Visual Technician I	2360	2449	2543
Audio Visual Technician II	2597	2703	2804
Buyer Assistant	2484	2579	2649
Check Issuance Machine Operator	2597	2703	2804
Clerical Trainee	2053	2125	2202
Communication Dispatcher	2147	2226	2302
Communication Equipment Technician I	2147	2226	2302
Communication Equipment Technician II	2147	2226	2302
Communication Equipment Technician III	2147	2226	2302
Court Reporter	2153	2218	2285
Data Processing Assistant	1495	1540	1586
Data Processing Operator	1399	1441	1484
Data Processing Operator Trainee	1324	1364	1405
Drafting Worker	1800	1854	1910
Electronic Equipment	1724	1776	1829
Electronic Equipment	1885	1942	2000

2/ Entry level step in second year of contract.

Effective: July 1, 1996

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	S T E P S		
	1a	1b	1c 3/
Installer/Repairer Leadworker	1751	1806	1864
Electronics Technician	1751	1806	1864
Emergency Response Lead	1966	2040	2110
Telecommunicator	2253	2335	2424
Emergency Response	2597	2703	2804
Telecommunicator	2876	2993	3115
Engineering Technician II	2253	2335	2424
Engineering Technician III	2360	2449	2543
Executive Secretary I	2360	2449	2543
Graphic Arts Designer	2597	2703	2804
Graphic Arts Technician	2484	2579	2649
Industrial Commission Reporter	2597	2703	2804
Industrial Commission Technician	2053	2125	2202
Insurance Analyst I	2147	2226	2302
Insurance Analyst II	2147	2226	2302
Insurance Analyst Trainee	2147	2226	2302
Intermittent Clerk	2147	2226	2302
Library Aide I	2147	2226	2302
Library Aide II	2147	2226	2302
Library Aide III	2147	2226	2302
Library Technical Assistant	2147	2226	2302
Microfilm Laboratory Technician I	2147	2226	2302
Microfilm Laboratory Technician II	2147	2226	2302
Microfilm Operator I	2147	2226	2302
Microfilm Operator II	2147	2226	2302
Microfilm Operator III	2147	2226	2302
Office Aide	2147	2226	2302
Office Assistant	2147	2226	2302
Office Associate	2147	2226	2302
Office Clerk	2147	2226	2302
Office Coordinator	2147	2226	2302
Photographer I	2147	2226	2302
Photographer II	2147	2226	2302
Photographer III	2147	2226	2302
Photographic Technician I	2147	2226	2302
Photographic Technician II	2147	2226	2302
Photographic Technician III	2147	2226	2302
Procurement Representative	2147	2226	2302
Property & Supply Clerk I	2147	2226	2302
Property & Supply Clerk II	2147	2226	2302
Property Tax Examiner	2147	2226	2302
Rehabilitation Case Coordinator I	2147	2226	2302
Rehabilitation Case Coordinator II	2147	2226	2302
Reproduction Service Technician I	2147	2226	2302
Reproduction Service Technician II	2147	2226	2302
Reproduction Service Technician III	2147	2226	2302
Safety Responsibility Analyst	2147	2226	2302

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Storekeeper I	1786	1840	1895	1952	2025	2107
Storekeeper II	1938	1996	2056	2118	2207	2294
Stores Clerk	1444	1487	1532	1578	1628	1677
Switchboard Operator I	1399	1441	1484	1529	1581	1632
Switchboard Operator II	1495	1540	1586	1634	1689	1744
Telecommunications Field Advisor	2153	2218	2285	2354	2463	2570
Telecommunications Field Advisor	2373	2444	2517	2593	2717	2843
Lead Worker						
Telecommunicator	1885	1942	2000	2060	2148	2228
Telecommunicator-Command Center	1967	2026	2087	2150	2240	2336
Telecommunicator Call Taker	1967	2026	2087	2150	2240	2336
Telecommunicator Lead Call Taker	2153	2218	2285	2354	2463	2570
Telecommunicator Lead Worker	2062	2124	2188	2254	2350	2449
Telecommunicator Lead Worker-Command Center	2153	2218	2285	2354	2463	2570
Telecommunicator Trainee	1724	1776	1829	1884	1966	2037
Vehicle Permit Evaluator	1800	1854	1910	1967	2049	2124
Veterans Service Officer Associate	1800	1854	1910	1967	2049	2124

S T E P S (cont.)

	4	5	6	7
1742	1793	1846	1937	
1870	1931	1995	2102	
2115	2189	2368	2394	
2321	2405	2497	2636	
1580	1625	1670	1747	
2321	2405	2497	2636	
2559	2656	2759	2919	
1804	1860	1920	2017	
2025	2101	2173	2287	
2115	2189	2368	2394	
2025	2101	2173	2287	
2025	2101	2173	2287	
2962	3083	3208	3399	
3317	3457	3602	3819	
3506	3657	3808	4041	
2675	2784	2888	3060	
1804	1860	1920	2017	
1678	1735	1782	1874	
1580	1625	1670	1747	
2211	2293	2371	2504	
2115	2189	2268	2394	
2321	2405	2497	2636	
2675	2784	2888	3060	
2321	2405	2497	2636	
2115	2189	2268	2394	

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

2431	2522	2619	2768
2817	2934	3052	3232
2211	2293	2371	2504
2559	2656	2759	2919
2321	2405	2497	2636
2817	2934	3052	3232
2211	2293	2371	2504
2025	2101	2173	2287
2321	2405	2497	2636
1870	1931	1995	2102
9.72	10.00	10.28	10.75
1628	1674	1722	1811
1742	1793	1846	1937
1870	1931	1995	2102
2115	2189	2268	2394
1870	1931	1995	2102
2025	2101	2173	2287
1678	1735	1782	1874
1804	1860	1920	2017
1950	2013	2082	2192
1580	1625	1670	1747
1804	1860	1920	2017
1950	2013	2082	2192
1678	1735	1782	1874
2025	2101	2173	2287
2211	2293	2371	2504
2559	2656	2759	2919
2675	2784	2888	3060
2211	2293	2371	2504
2559	2656	2759	2919
2675	2784	2888	3060
2025	2101	2173	2287
1676	1722	1776	1867
1792	1849	1904	1996
2025	2101	2173	2287
1870	1931	1995	2102
2025	2101	2173	2287
1742	1793	1846	1937
2025	2101	2173	2287
2211	2293	2371	2504
2321	2405	2497	2636
2181	2267	2340	2466
2388	2476	2559	2704
1731	1785	1836	1929
1678	1735	1782	1874
1804	1860	1920	2017
2675	2784	2888	3060
2962	3083	3208	3399

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

2321	2405	2497	2636
2431	2522	2619	2768
2431	2522	2619	2768
2675	2784	2888	3060
2559	2656	2759	2919
2675	2784	2888	3060
2115	2189	2268	2394
2211	2293	2371	2504
2211	2293	2371	2504

Effective: September 16, 1996

S T E P S
1c 3/ 1b 1a 1 2 3

Lottery Telemarketing
Representative

1660 1710 1761 1814 1882 1955

S T E P S (cont.)
4 5 6 7
2025 2101 2173 2287

3/ Entry level step in third year of contract.

(Source: Peremptory amendment at 20 Ill. Reg. 13408, effective September 24, 1996)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Section 310. TABLE L RC-008 (Boilermakers)

Effective-January-17-1994

Minimum
Salary

Maximum
Salary

27910-42 37719-25

BOILER-SAFETY-SPECIALIST

Effective-January-17-1995

37075-45 47140-27

BOILER-SAFETY-SPECIALIST

Effective-January-17-1996

37660-00 47349-71

BOILER-SAFETY-SPECIALIST

Effective September 1, 1996

Minimum
Salary

Maximum
Salary

3,660.53 4,481.04

Boiler Safety Specialist

(Source: Peremptory amendment at 20 Ill. Reg. 13408, effective September 24, 1996)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

Section 310. TABLE P RC-029 (Paraprofessional Investigatory and Law Enforcement Employees, IFPE)

Effective: July 1, 1994

	1	2	3	4	5	6	7
AGRICULTURAL PRODUCTS PROMOTER	1942	2024	2100	2187	2267	2353	2484
ANIMAL & ANIMAL PRODUCTS INVESTIGATOR	2124	2216	2309	2412	2504	2601	2751
APIARY INSPECTOR	1441	1490	1538	1582	1635	1680	1766
ARSON INVESTIGATOR I	2330	2438	2549	2655	2766	2877	3047
ARSON INVESTIGATOR II	2576	2702	2827	2955	3077	3199	3389
BREATH ALCOHOL ANALYSIS TECHNICIAN	2218	2321	2422	2521	2624	2722	2884
COMMERCE COMMISSION POLICE OFR I	2330	2438	2549	2655	2766	2877	3047
COMMERCE COMMISSION POLICE OFR II	2576	2702	2827	2955	3077	3199	3389
COMMODITIES INSPECTOR	1776	1853	1920	1993	2063	2138	2256
DAINGEROUS DRUGS COMPLIANCE OFFICER I	2026	2112	2202	2291	2378	2469	2609
DAINGEROUS DRUGS COMPLIANCE OFFICER II	2218	2321	2422	2521	2624	2722	2884
DAINGEROUS DRUGS COMPLIANCE OFFICER III	2330	2438	2549	2655	2766	2877	3047
DRUG COMPLIANCE INVESTIGATOR	3203	3370	3535	3701	3872	4035	4285
ENVIRONMENTAL PROTECTION LEGAL INVESTIGATOR I	1776	1853	1920	1993	2063	2138	2256
ENVIRONMENTAL PROTECTION LEGAL INVESTIGATOR II	1942	2024	2100	2187	2267	2353	2484
EXPLOSIVES INSPECTOR I	2124	2216	2309	2412	2504	2601	2751
EXPLOSIVES INSPECTOR II	2444	2561	2680	2792	2906	3024	3204
FINGERPRINT TECHNICIAN I	1647	1710	1771	1838	1897	1962	2066
FINGERPRINT TECHNICIAN II	1776	1853	1920	1993	2063	2138	2256
FINGERPRINT TECHNICIAN III	1942	2024	2100	2187	2267	2353	2484
FIRE PREVENTION INSPECTOR I	2218	2321	2422	2521	2624	2722	2884
FIRE PREVENTION INSPECTOR II	2576	2702	2827	2955	3077	3199	3389
GUARD I	1490	1540	1591	1642	1690	1740	1826
GUARD II	1647	1710	1771	1838	1897	1962	2066
GUARD III	1854	1931	2002	2084	2161	2235	2360
LICENSING ASSISTANT	1592	1647	1705	1763	1820	1881	1982
LICENSING INVESTIGATOR I	1854	1931	2002	2084	2161	2235	2360
LICENSING INVESTIGATOR II	2124	2216	2309	2412	2504	2601	2751
LICENSING INVESTIGATOR III	2218	2321	2422	2521	2624	2722	2884
LICENSING INVESTIGATOR IV	2444	2561	2680	2792	2906	3024	3204
LIQUOR CONTROL SPECIAL AGENT I	2026	2112	2202	2291	2378	2469	2609
MOTORIST ASSISTANCE SPECIALIST	1592	1647	1705	1763	1820	1881	1982
PLANT & PESTICIDE SPECIALIST I	2218	2321	2422	2521	2624	2722	2884
PLANT & PESTICIDE SPECIALIST II	2444	2561	2680	2792	2906	3024	3204
PLUMBING INSPECTOR	2576	2702	2827	2955	3077	3199	3389
POLICE OFFICER I	2330	2438	2549	2655	2766	2877	3047
POLICE OFFICER II	2576	2702	2827	2955	3077	3199	3389

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

POLICE OFFICER III	2870	3014	3155	3305	3447	3589	3809
POLYGRAPH EXAMINER I	2576	2702	2827	2955	3077	3199	3389
POLYGRAPH EXAMINER II	2870	3014	3155	3305	3447	3589	3809
POLYGRAPH EXAMINER III	3203	3370	3535	3701	3872	4035	4285
PRODUCTS & STANDARDS INSPECTOR	1942	2024	2100	2187	2267	2353	2484
SECURITY OFFICER	1942	2024	2100	2187	2267	2353	2484
SECURITY OFFICER SERGEANT	2026	2112	2202	2291	2378	2469	2609
SEED ANALYST I	1854	1931	2002	2084	2161	2235	2360
SEED ANALYST II	1942	2024	2100	2187	2267	2353	2484
SITE SECURITY OFFICER	1647	1710	1771	1838	1897	1962	2066
TRUCK WEIGHING INSPECTOR	1710	1774	1843	1909	1981	2049	2155
VEHICLE EMISSIONS COMPLIANCE INSPECTOR	1942	2024	2100	2187	2267	2353	2484
VEHICLE TESTING COMPLIANCE OFFICER	2218	2321	2422	2521	2624	2722	2884
VITAL RECORDS QUALITY CONTROL INSPECTOR	1942	2024	2100	2187	2267	2353	2484
WAREHOUSE CLAIMS SPECIALIST	2716	2854	2988	3126	3258	3395	3600
WAREHOUSE EXAMINER I	1942	2024	2100	2187	2267	2353	2484
WAREHOUSE EXAMINER II	2218	2321	2422	2521	2624	2722	2884
WAREHOUSE EXAMINER III	2444	2561	2680	2792	2906	3024	3204
WELL INSPECTOR I	2124	2216	2309	2412	2504	2601	2751
WELL INSPECTOR II	2444	2561	2680	2792	2906	3024	3204

NOTE: Effective July 1, 1994, employees who have 15 years of service and have 3 or more years of creditable service on Step 7 in the same pay grade shall receive an additional \$25.00 monthly.

Effective: January 1, 1995

	1	2	3	4	5	6	7
FINGERPRINT TECHNICIAN	1942	2024	2100	2187	2267	2353	2484
TRUCK WEIGHING INSPECTOR	1776	1853	1920	1993	2063	2138	2256

Effective: July 1, 1995

	1	2	3	4	5	6	7
AGRICULTURAL PRODUCTS PROMOTER	2175	2268	2360	2449	2543	2687	2741
ANIMAL & ANIMAL PRODUCTS INVESTIGATOR	2282	2378	2484	2579	2679	2834	2891
APIARY INSPECTOR	1535	1584	1629	1684	1730	1819	1855
ARSON INVESTIGATOR I	2511	2625	2735	2849	2963	3138	3201
ARSON INVESTIGATOR II	2783	2912	3044	3169	3295	3491	3561
BREATH ALCOHOL ANALYSIS TECHNICIAN	2391	2495	2597	2703	2804	2971	3030
COMMERCE COMMISSION POLICE OFR I	2511	2625	2735	2849	2963	3138	3201
COMMERCE COMMISSION POLICE OFR II	2783	2912	3044	3169	3295	3491	3561
COMMODITIES INSPECTOR	1909	1978	2053	2125	2202	2324	2370

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

DANGEROUS DRUGS COMPLIANCE OFFICER I	2175	2268	2360	2449	2543	2687	2741
DANGEROUS DRUGS COMPLIANCE OFFICER II	2391	2495	2597	2703	2804	2971	3030
DANGEROUS DRUGS COMPLIANCE OFFICER III	2511	2625	2735	2849	2963	3138	3201
DRUG COMPLIANCE INVESTIGATOR	3471	3641	3812	3988	4156	4414	4502
ENVIRONMENTAL PROTECTION LEGAL INVESTIGATOR I	1909	1978	2053	2125	2202	2324	2370
ENVIRONMENTAL PROTECTION LEGAL INVESTIGATOR II	2085	2163	2253	2335	2424	2559	2610
EXPLOSIVES INSPECTOR I	2282	2378	2484	2579	2679	2834	2891
EXPLOSIVES INSPECTOR II	2638	2760	2876	2993	3115	3300	3366
FINGERPRINT TECHNICIAN	2085	2163	2253	2335	2424	2559	2610
FIRE PREVENTION INSPECTOR I	2391	2495	2597	2703	2804	2971	3030
FIRE PREVENTION INSPECTOR II	2783	2912	3044	3169	3295	3491	3561
GUARD I	1586	1639	1691	1741	1792	1881	1919
GUARD II	1761	1824	1893	1954	2021	2128	2171
GUARD III	1989	2062	2147	2226	2302	2431	2480
LICENSING ASSISTANT	1696	1756	1816	1875	1937	2041	2082
LICENSING INVESTIGATOR I	1989	2062	2147	2226	2302	2431	2480
LICENSING INVESTIGATOR II	2282	2378	2484	2579	2679	2834	2891
LICENSING INVESTIGATOR III	2391	2495	2597	2703	2804	2971	3030
LICENSING INVESTIGATOR IV	2638	2760	2876	2993	3115	3300	3366
LIQUOR CONTROL SPECIAL AGENT I	2175	2268	2360	2449	2543	2687	2741
MOTORIST ASSISTANCE SPECIALIST	1696	1756	1816	1875	1937	2041	2082
PLANT & PESTICIDE SPECIALIST I	2391	2495	2597	2703	2804	2971	3030
PLANT & PESTICIDE SPECIALIST II	2638	2760	2876	2993	3115	3300	3366
PLUMBING INSPECTOR	2940	3078	3220	3356	3497	3708	3782
POLICE OFFICER I	2511	2625	2735	2849	2963	3138	3201
POLICE OFFICER II	2783	2912	3044	3169	3295	3491	3561
POLICE OFFICER III	3104	3250	3404	3550	3697	3923	4001
POLYGRAPH EXAMINER I	2783	2912	3044	3169	3295	3491	3561
POLYGRAPH EXAMINER II	3104	3250	3404	3550	3697	3923	4001
POLYGRAPH EXAMINER III	3471	3641	3812	3988	4156	4414	4502
PRODUCTS & STANDARDS INSPECTOR	2085	2163	2253	2335	2424	2559	2610
SECURITY OFFICER	2085	2163	2253	2335	2424	2559	2610
SECURITY OFFICER SERGEANT	2175	2268	2360	2449	2543	2687	2741
SEED ANALYST I	1989	2062	2147	2226	2302	2431	2480
SEED ANALYST II	2085	2163	2253	2335	2424	2559	2610
SITE SECURITY OFFICER	1761	1824	1893	1954	2021	2128	2171
TRUCK WEIGHING INSPECTOR	1909	1978	2053	2125	2202	2324	2370
VEHICLE EMISSIONS COMPLIANCE INSPECTOR	2085	2163	2253	2335	2424	2559	2610
VEHICLE TESTING COMPLIANCE OFFICER	2391	2495	2597	2703	2804	2971	3030
VITAL RECORDS QUALITY CONTROL INSPECTOR	2085	2163	2253	2335	2424	2559	2610
WAREHOUSE CLAIMS SPECIALIST	2940	3078	3220	3356	3497	3708	3782

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

WAREHOUSE EXAMINER I	2085	2163	2253	2335	2424	2559	2610
WAREHOUSE EXAMINER II	2391	2495	2597	2703	2804	2971	3030
WAREHOUSE EXAMINER III	2638	2760	2876	2993	3115	3300	3366
WELL INSPECTOR I	2282	2378	2484	2579	2679	2834	2891
WELL INSPECTOR II	2638	2760	2876	2993	3115	3300	3366

NOTE: Effective July 1, 1995, the Step 7 Longevity clause is terminated for duration of the contract.

Effective: July 1, 1996

	1	2	3	4	5	6	7
AGRICULTURAL PRODUCTS PROMOTER	2240	2336	2431	2522	2619	2768	2823
ANIMAL & ANIMAL PRODUCTS INVESTIGATOR	2350	2449	2559	2656	2759	2919	2978
APIARY INSPECTOR	1581	1632	1678	1735	1782	1874	1911
ARSON INVESTIGATOR I	2586	2704	2817	2934	3052	3232	3297
ARSON INVESTIGATOR II	2866	2999	3135	3264	3394	3596	3668
BREATH ALCOHOL ANALYSIS TECHNICIAN	2463	2570	2675	2784	2888	3060	3121
COMMERCE COMMISSION POLICE OFR I	2704	2817	2934	3052	3232	3297	3363
COMMERCE COMMISSION POLICE OFR II	2999	3135	3264	3394	3596	3668	3741
COMMODITIES INSPECTOR	1966	2037	2115	2189	2268	2394	2441
DANGEROUS DRUGS COMPLIANCE OFFICER I	2240	2336	2431	2522	2619	2768	2823
DANGEROUS DRUGS COMPLIANCE OFFICER II	2463	2570	2675	2784	2888	3060	3121
DANGEROUS DRUGS COMPLIANCE OFFICER III	2586	2704	2817	2934	3052	3232	3297
DRUG COMPLIANCE INVESTIGATOR	3575	3750	3926	4108	4281	4546	4637
ENVIRONMENTAL PROTECTION LEGAL INVESTIGATOR I	1966	2037	2115	2189	2268	2394	2441
ENVIRONMENTAL PROTECTION LEGAL INVESTIGATOR II	2148	2228	2321	2405	2497	2636	2688
EXPLOSIVES INSPECTOR I	2350	2449	2559	2656	2759	2919	2978
EXPLOSIVES INSPECTOR II	2717	2843	2962	3083	3208	3399	3467
FINGERPRINT TECHNICIAN	2148	2228	2321	2405	2497	2636	2688
FIRE PREVENTION INSPECTOR I	2463	2570	2675	2784	2888	3060	3121
FIRE PREVENTION INSPECTOR II	2866	2999	3135	3264	3394	3596	3668
GUARD I	1634	1688	1742	1793	1846	1937	1977
GUARD II	1814	1879	1950	2013	2082	2192	2236
GUARD III	2049	2124	2211	2293	2371	2504	2554
LICENSING ASSISTANT	1747	1809	1870	1931	1995	2102	2144
LICENSING INVESTIGATOR I	2049	2124	2211	2293	2371	2504	2554
LICENSING INVESTIGATOR II	2350	2449	2559	2656	2759	2919	2978
LICENSING INVESTIGATOR III	2463	2570	2675	2784	2888	3060	3121
LICENSING INVESTIGATOR IV	2717	2843	2962	3083	3208	3399	3467
LIQUOR CONTROL SPECIAL AGENT I	2240	2336	2431	2522	2619	2768	2823

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

NOTICE OF PEREMPTORY AMENDMENTS

MOTORIST ASSISTANCE SPECIALIST	1747	1809	1870	1931	1995	2102	2144
PLANT & PESTICIDE SPECIALIST I	2463	2570	2784	2888	3060	3121	
PLANT & PESTICIDE SPECIALIST II	2717	2843	2962	3083	3208	3399	3467
PLUMBING INSPECTOR	3028	3170	3317	3457	3602	3819	3895
POLICE OFFICER I	2704	2817	2934	3052	3232	3297	3363
POLICE OFFICER II	2999	3135	3264	3394	3596	3668	3741
POLICE OFFICER III	3197	3348	3506	3657	3808	4041	4121
POLYGRAPH EXAMINER I	2866	2999	3135	3264	3394	3596	3668
POLYGRAPH EXAMINER II	3197	3348	3506	3657	3808	4041	4121
POLYGRAPH EXAMINER III	3575	3750	3926	4108	4281	4546	4637
PRODUCTS & STANDARDS INSPECTOR	2148	2228	2321	2405	2497	2636	2688
SECURITY OFFICER	2148	2228	2321	2405	2497	2636	2688
SECURITY OFFICER SERGEANT	2240	2336	2431	2522	2619	2768	2823
SEED ANALYST I	2049	2124	2211	2293	2371	2504	2554
SEED ANALYST II	2148	2228	2321	2405	2497	2636	2688
SITE SECURITY OFFICER	1814	1879	1950	2013	2082	2192	2236
TRUCK WEIGHING INSPECTOR	1966	2037	2115	2189	2268	2394	2441
VEHICLE EMISSIONS COMPLIANCE INSPECTOR	2148	2228	2321	2405	2497	2636	2688
VEHICLE TESTING-COMPLIANCE-OFFICER	2463	2570	2675	2784	2888	3060	3121
VITAL RECORDS QUALITY CONTROL INSPECTOR	2148	2228	2321	2405	2497	2636	2688
WAREHOUSE CLAIMS SPECIALIST	3028	3170	3317	3457	3602	3819	3895
WAREHOUSE EXAMINER I	2148	2228	2321	2405	2497	2636	2688
WAREHOUSE EXAMINER II	2463	2570	2675	2784	2888	3060	3121
WAREHOUSE EXAMINER III	2717	2843	2962	3083	3208	3399	3467
WELL INSPECTOR I	2350	2449	2559	2656	2759	2919	2978
WELL INSPECTOR II	2717	2843	2962	3083	3208	3399	3467

Effective September 18, 1996

	1	2	3	4	5	6	7
Vehicle Compliance							
Inspector	2354	2463	2570	2675	2784	2888	3060

(Source: Peremptory amendment 20 Ill. Reg. 13408, effective September 24, 1996)

DEPARTMENT OF INSURANCE

NOTICE OF EXPEDITED CORRECTION

- 1) Heading of the Part: Preferred Provider Program Administrator
- 2) Code Citation: 50 Ill. Adm. Code 2051
- 3) Section Numbers: Subchapter heading
- 4) Date Proposal published in Illinois Register: March 8, 1996, 20 Ill. Reg. 4025
- 5) Date Adoption published in Illinois Register: July 26, 1996, 20 Ill. Reg. 9960
- 6) Date Request for Expedited Correction published in Illinois Register: September 13, 1996, 20 Ill. Reg. 12527
- 7) Adoption Effective Date: July 26, 1996
- 8) Correction Effective Date: July 26, 1996
- 9) Reason for Approval of Expedited Correction: Corrects subchapter heading label.

The full text of the Corrected Rule begins on the following page:

DEPARTMENT OF INSURANCE

NOTICE OF EXPEDITED CORRECTION

TITLE 50: INSURANCE

CHAPTER I: DEPARTMENT OF INSURANCE

SUBCHAPTER 2 hhh: ACCIDENT AND HEALTH INSURANCE HEALTH-CARE
REIMBURSEMENT

PART 2051

PREFERRED PROVIDER PROGRAM ADMINISTRATORS

Section	Authority
2051.10	Purpose
2051.20	Definitions
2051.30	Administrators Not to Assume Underwriting Risk
2051.40	Registration
2051.50	Annual Registration Fee
2051.60	Fiduciary and Bonding Requirements
2051.70	Maintenance of Records
2051.80	Examination
2051.90	Severability
2051.100	

AUTHORITY: Implementing and authorized by Article XX 1/2 and further authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/370f et seq. and 401].

SOURCE: Adopted at 20 Ill. Reg. 9960, effective July 26, 1996; expedited correction at 20 Ill. Reg. _____, effective July 26, 1996.

Section 2051.10 Authority

This Part implements and is authorized by Article XX 1/2 and is authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/370f et seq. and 401].

JOINT COMMITTEE ON ADMINISTRATIVE RULES

JAMES R. THOMPSON CENTER

ROOM 16-503

CHICAGO, ILLINOIS

10:00 A.M.

OCTOBER 15, 1996

NOTICES: Due to Register submittal deadlines, the Agenda below may be incomplete. Other items not contained in this published Agenda are likely to be considered by the Committee at the meeting.

It is the policy of the Committee to allow only representatives of State agencies to testify orally on any rule under consideration at Committee hearings. If members of the public wish to express their views with respect to a proposed rule, they should submit written comments to the Office of the Joint Committee on Administrative Rules at the following address:

*Joint Committee on Administrative Rules
700 Stratton Office Building
Springfield, Illinois 62706*

RULEMAKINGS SCHEDULED FOR JCAR REVIEW

The following rulemakings are scheduled for review at this meeting. JCAR staff may be proposing action with respect to some of these rulemakings. JCAR members may have questions concerning, and may initiate action with respect to, any item scheduled for JCAR review and any other issues within the Committee's purview.

PROPOSED RULEMAKINGSCapital Development Board

1. Repeal of Definitions (71 Ill Adm Code 1)
-First Notice Published: 20 Ill Reg 9735 - 7/26/96
-Expiration of Second Notice Period: 10/26/96
2. Board Action (71 Ill Adm Code 10)
-First Notice Published: 20 Ill Reg 9725 - 7/26/96
-Expiration of Second Notice Period: 10/26/96
3. Repeal of Project Procedures (71 Ill Adm Code 20)
-First Notice Published: 20 Ill Reg 9760 - 7/26/96
-Expiration of Second Notice Period: 10/26/96
4. Standards for Award of Grants Elementary and Secondary Schools Capital Assistance Program (71 Ill Adm Code 40)
-First Notice Published: 20 Ill Reg 9764 - 7/26/96
-Expiration of Second Notice Period: 10/26/96
5. Hearing Procedures (71 Ill Adm Code 100)
-First Notice Published: 20 Ill Reg 9753 - 7/26/96

-Expiration of Second Notice Period: 10/26/96

6. Repeal of Hearing Procedures (71 Ill Adm Code 100)
 -First Notice Published: 20 Ill Reg 9739 - 7/26/96
 -Expiration of Second Notice Period: 10/26/96

7. Asbestos Abatement Authority Act Procedures (71 Ill Adm Code 500)
 -First Notice Published: 20 Ill Reg 9717 - 7/26/96
 -Expiration of Second Notice Period: 10/26/96

8. Repeal of Definitions (44 Ill Adm Code 900)
 -First Notice Published: 20 Ill Reg 9731 - 7/26/96
 -Expiration of Second Notice Period: 10/26/96

9. Bidder Responsibility (44 Ill Adm Code 950)
 -First Notice Published: 20 Ill Reg 9721 - 7/26/96
 -Expiration of Second Notice Period: 10/26/96

10. Access to Information (2 Ill Adm Code 1651)
 -First Notice Published: 20 Ill Reg 9710 - 7/26/96
 -Expiration of Second Notice Period: 10/26/96

Central Management Services

11. Pay Plan (80 Ill Adm Code 310)
 -First Notice Published: 20 Ill Reg 9777 - 7/26/96
 -Expiration of Second Notice Period: 10/31/96

12. Acquisition, Management and Disposal of Real Property (44 Ill Adm Code 5000)
 -First Notice Published: 19 Ill Reg 15294 - 11/13/95
 -Expiration of Second Notice Period: 11/8/96

Children and Family Services

13. Rate Setting (89 Ill Adm Code 356)
 -First Notice Published: 20 Ill Reg 8805 - 7/12/96
 -Expiration of Second Notice Period: 11/2/96

Commerce Commission

14. Telephone Assistance Programs (83 Ill Adm Code 757)
 -First Notice Published: 20 Ill Reg 7708 - 6/14/96
 -Expiration of Second Notice Period: 11/4/96

15. Arbitration Practices (83 Ill Adm Code 761)
 -First Notice Published: 20 Ill Reg 8416 - 6/28/96
 -Expiration of Second Notice Period: 10/26/96

16. Approval or Rejection of Arbitrated Agreements (83 Ill Adm Code 762)
 -First Notice Published: 20 Ill Reg 8407 - 6/28/96
 -Expiration of Second Notice Period: 10/26/96

17. Approval of Negotiated Agreements (83 Ill Adm Code 763)
 -First Notice Published: 20 Ill Reg 8393 - 6/28/96
 -Expiration of Second Notice Period: 10/26/96

18. Approval of Statements for Generally Available Terms (83 Ill Adm Code 764)
 -First Notice Published: 20 Ill Reg 8395 - 6/28/96
 -Expiration of Second Notice Period: 10/26/96

Corrections

19. Rights and Privileges (20 Ill Adm Code 525)
 -First Notice Published: 20 Ill Reg 1719 - 2/2/96
 -Expiration of Second Notice Period: 10/31/96

Education

20. Public Schools Evaluation, Recognition and Supervision (23 Ill Adm Code 1)
 -First Notice Published: 20 Ill Reg 8419 - 6/28/96
 -Expiration of Second Notice Period: 11/10/96

21. Student Records (23 Ill Adm Code 375)
 -First Notice Published: 20 Ill Reg 8607 - 7/5/96
 -Expiration of Second Notice Period: 11/10/96

22. Regional Offices of Education and Intermediate Services (23 Ill Adm Code 525)
 -First Notice Published: 20 Ill Reg 8585 - 7/5/96
 -Expiration of Second Notice Period: 11/10/96

23. Charter Schools (23 Ill Adm Code 650)
 -First Notice Published: 20 Ill Reg 8807 - 7/12/96
 -Expiration of Second Notice Period: 11/10/96

Elections

24. Miscellaneous (26 Ill Adm Code 207)
 -First Notice Published: 20 Ill Reg 5763 - 4/19/96
 -Expiration of Second Notice Period: 11/9/96

Gaming Board

25. Riverboat Gambling (86 Ill Adm Code 3000)
 -First Notice Published: 20 Ill Reg 7734 - 6/14/96
 -Expiration of Second Notice Period: 11/2/96

Health Facilities Planning Board

26. Narrative and Planning Policies (77 Ill Adm Code 1100)
 -First Notice Published: 20 Ill Reg 4141 - 3/15/96
 -Expiration of Second Notice Period: 11/8/96

27. Permit Application Fees (77 Ill Adm Code 1190)
 -First Notice Published: 20 Ill Reg 8948 - 7/12/96
 -Expiration of Second Notice Period: 11/8/96

28. Processing, Classification Policies and Review Criteria (77 Ill Adm Code 1110)
 -First Notice Published: 20 Ill Reg 4149 - 3/15/96
 -Expiration of Second Notice Period: 11/8/96

29. Narrative and Planning Policies (77 Ill Adm Code 1100)
 -First Notice Published: 20 Ill Reg 9470 - 7/19/86
 -Expiration of Second Notice Period: 11/8/96

Insurance

30. Construction and Filing of Accident and Health Forms (50 Ill Adm Code 2001)
 -First Notice Published: 20 Ill Reg 5284 - 4/5/96
 -Expiration of Second Notice Period: 10/26/97

Labor

31. Minimum Wage Law (56 Ill Adm Code 210)
 -First Notice Published: 20 Ill Reg 10254 - 8/2/96
 -Expiration of Second Notice Period: 11/3/96

Lottery

32. Lottery (General) (11 Ill Adm Code 1770)
 -First Notice Published: 20 Ill Reg 8174 - 6/21/96
 -Expiration of Second Notice Period: 11/13/96

Nuclear Safety

33. Compensation of Local Governments for Emergency Planning and Participation in Nuclear Emergency Response Exercises (32 Ill Adm Code 501)
 -First Notice Published: 20 Ill Reg 8196 - 6/21/96
 -Expiration of Second Notice Period: 11/3/96

34. Repeal of Plan for the Compensation of Local Governments under Provisions of the "Illinois Nuclear Safety Preparedness Act" (32 Ill Adm Code 501)
 -First Notice Published: 20 Ill Reg 8199 - 6/21/96
 -Expiration of Second Notice Period: 11/3/96

Pollution Control Board

35. Organic Material Emission Standards and Limitations for the Chicago Area (35 Ill Adm Code 218)
 -First Notice Published: 20 Ill Reg 122 - 1/5/96
 -Expiration of Second Notice Period: 10/31/96

36. Organic Material Emission Standards and Limitations for the Metro East Area (35 Ill Adm Code 219)
 -First Notice Published: 20 Ill Reg 155 - 1/5/96
 -Expiration of Second Notice Period: 10/31/96

Public Aid

37. Access to Facilities for Treatment, Storage, or Disposal of Low Level Radioactive Waste (32 Ill Adm Code 609)
 -First Notice Published: 20 Ill Reg 8620 - 7/5/96
 -Expiration of Second Notice Period: 11/25/96
38. Practice in Administrative Hearings (89 Ill Adm Code 104)
 -First Notice Published: 20 Ill Reg 8942 - 7/12/96
 -Expiration of Second Notice Period: 11/3/96

39. Application Process (89 Ill Adm Code 110)
 -First Notice Published: 20 Ill Reg 8926 - 7/12/96
 -Expiration of Second Notice Period: 11/3/96

40. Aid to Families with Dependent Children (89 Ill Adm Code 112)
 -First Notice Published: 20 Ill Reg 8433 - 6/28/96
 -Expiration of Second Notice Period: 10/25/96

41. Medical Payment (89 Ill Adm Code 140)
 -First Notice Published: 20 Ill Reg 10286 - 8/2/96
 -Expiration of Second Notice Period: 11/7/96

42. Long Term Care Reimbursement Changes (89 Ill Adm Code 153)
 -First Notice Published: 20 Ill Reg 8937 - 7/12/96
 -Expiration of Second Notice Period: 11/3/96

Revenue

43. Income Tax (86 Ill Adm Code 100)
 -First Notice Published: 20 Ill Reg 9840 - 7/26/96
 -Expiration of Second Notice Period: 11/1/96

44. Uniform Penalty and Interest Act (86 Ill Adm Code 700)
 -First Notice Published: 20 Ill Reg 8981 - 7/12/96
 -Expiration of Second Notice Period: 10/24/96

Secretary of State

45. Regulations Under the Illinois Securities Law of 1953 (14 Ill Adm Code 130)
 -First Notice Published: 20 Ill Reg 9855 - 7/26/96
 -Expiration of Second Notice Period: 10/31/96

State Police Merit Board

46. Procedures of the Department of State Police Merit Board (80 Ill Adm

Code 150)

- First Notice Published: 20 Ill Reg 9512 - 7/19/96
- Expiration of Second Notice Period: 10/23/96

Student Assistance Commission

47. Alternative Loan Program (23 Ill Adm Code 2721)
- First Notice Published: 20 Ill Reg 7793 - 6/14/96
 - Expiration of Second Notice Period: 11/13/96

48. Illinois Incentive for Access (IIA) Program (23 Ill Adm Code 2736)
- First Notice Published: 20 Ill Reg 10315 - 8/2/96
 - Expiration of Second Notice Period: 11/13/96

Transportation

49. Repeal of Employee Commute Options (92 Ill Adm Code 600)
- First Notice Published: 20 Ill Reg 10583 - 8/9/96
 - Expiration of Second Notice Period: 11/7/96

EMERGENCY & PEREMPTORY RULEMAKINGSAgriculture

50. Meat and Poultry Inspection Act (8 Ill Adm Code 125) (Peremptory)
- Notice Published: 20 Ill Reg 12634 - 9/20/96

Alcoholism and Substance Abuse

51. Subacute Alcoholism and Substance Abuse Treatment Services (77 Ill Adm Code 2090) (Emergency)
- Notice Published: 20 Ill Reg 12489 - 9/13/96

Financial Institutions

52. Illinois Credit Union Act (38 Ill Adm Code 190) (Emergency)
- Notice Published: 20 Ill Reg 13093 - 10/4/96

Public Aid

53. Aid to Families with Dependent Children (89 Ill Adm Code 112) (Emergency)
- Notice Published: 20 Ill Reg 12499 - 9/13/96

54. Hospital Services (89 Ill Adm Code 148) (Emergency)
- Notice Published: 20 Ill Reg 12510 - 9/13/96

Racing Board

55. Pari-Mutuels (11 Ill Adm Code 300) (Emergency)
- Notice Published: 20 Ill Reg 12522 - 9/13/96

AGENCY RESPONSESNatural Resources

56. Bonding and Insurance Requirements for Surface Coal Mining and Reclamation Operations (62 Ill Adm Code 1800)

Revenue

57. General Rule for All Taxes (86 Ill Adm Code 800)

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of September 24, 1996 through September 30, 1996 and have been scheduled for review by the Committee at its October 15, 1996 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield, IL 62706.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
11/7/96	Department of Public Aid, Medical Payment (89 Ill Adm Code 140)	8/2/96 20 Ill Reg 10286	10/15/96
11/7/96	Department of Transportation, Repeal of Employee Commute Options (92 Ill Adm Code 600)	8/9/96 20 Ill Reg 10583	10/15/96
11/8/96	Department of Central Management Services, Acquisition, Management and Disposal of Real Property (44 Ill Adm Code 5000)	11/13/95 19 Ill Reg 15294	10/15/96
11/8/96	Health Facilities Planning Board, Narrative and Planning Policies (77 Ill Adm Code 1100)	3/15/96 20 Ill Reg 4141	10/15/96
11/8/96	Health Facilities Planning Board, Permit Application Fees (77 Ill Adm Code 1190)	7/12/96 20 Ill Reg 8948	10/15/96
11/8/96	Health Facilities Planning Board, Processing, Classification Policies and Review Criteria (77 Ill Adm Code 1110)	3/15/96 20 Ill Reg 4149	10/15/96
11/8/96	Health Facilities Planning Board, Narrative and Planning Policies (77 Ill Adm Code 1100)	7/19/96 20 Ill Reg 9470	10/15/96

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

11/9/96	State Board of Elections, Miscellaneous (26 Ill Adm Code 207)	4/19/96 20 Ill Reg 5763	10/15/96
11/10/96	State Board of Education, Student Records (23 Ill Adm Code 375)	7/5/96 20 Ill Reg 8607	10/15/96
11/10/96	State Board of Education, Regional Offices of Education and Intermediate Services (23 Ill Adm Code 525)	7/5/96 20 Ill Reg 8585	10/15/96
11/10/96	State Board of Education, Charter Schools (23 Ill Adm Code 650)	7/12/96 20 Ill Reg 8807	10/15/96
11/10/96	State Board of Education, Public Schools Evaluation, Recognition and Supervision (23 Ill Adm Code 1)	6/28/96 20 Ill Reg 8419	10/15/96
11/13/96	Illinois Student Assistance Commission, Alternative Loan Program (23 Ill Adm Code 2721)	6/14/96 20 Ill Reg 7793	10/15/96
11/13/96	Illinois Student Assistance Commission, Illinois Incentive for Access (IIA) Program (23 Ill Adm Code 2736)	8/2/96 20 Ill Reg 10315	10/15/96
11/13/96	Department of the Lottery, Lottery (General) (11 Ill Adm Code 1770)	6/21/96 20 Ill Reg 8174	10/15/96

PROCLAMATIONS

96-392

DRUG FREE YOUTH DAYS (REVISED)

Whereas, the Illinois Drug Education Alliance (IDEA) is presenting its 14th Annual Drug Prevention Conference, "Singing in Drug Free Harmony", on Sunday, November 24 and Monday, November 25 in Peoria; and

Whereas, the Illinois Drug Education Alliance believes prevention offers individuals and communities an opportunity to stop alcohol, tobacco, and other drug problems before they start and provides hope for effecting individual and community change to support healthy behaviors; and

Whereas, more than 1,000 Illinois young people, dedicated to the "Drug Free" lifestyle, will participate in two days of drug prevention education and leadership training. These young people will carry the "Drug Free" message back to their schools and communities, and become role-models to their peers; and

Whereas, educators, parents, volunteers, and other adults will attend and participate in the 14th Annual Illinois Drug Education Alliance Conference. These adults will train, encourage, and support young people in their choice of the "Drug Free" lifestyle; and

Whereas, the Illinois Drug Education Alliance stands firmly with the Illinois Department of Alcoholism and Substance Abuse and all of its supporting agencies -- the Governor, Lieutenant Governor, Attorney General's Office, the Secretary of State, Illinois Department of Transportation, Division of Traffic Safety, Illinois State Police, Illinois State Board of Education, the Drug Enforcement Administration, Illinois National Guard, University of Illinois Cooperative Extension Service, Mothers Against Drunk Driving, Operation Snowball and Students Against Driving Drunk -- and with the many other state and national organizations that encourage the promotion of sound drug prevention programs;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim November 24-25, 1996, as DRUG FREE YOUTH DAYS in Illinois in recognition of the Illinois Drug Education Alliance and its supporting agencies in bringing a "Drug Free" message to the youth of our state.

Issued by the Governor September 6, 1996.

Filed by the Secretary of State September 16, 1996.

96-440

SINGLE PARENTS DAY (REVISED)

Whereas, being a working single parent is a contradicting, yet rewarding task for the parent and child or children in a family; and

Whereas, single men and women have to work a full shift at their place of employment, then prepare themselves for the next shift of work at home as single parents; and

Whereas, single parents have to go through the endless struggle of trying to be both mother and father to their child or children; and

Whereas, Mother's Day and Father's Day do not provide enough recognition for these parents;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim

October 3, 1996, as SINGLE PARENTS DAY in Illinois in honor of the men and women who dedicate their lives to their children and their prosperity.

Issued by the Governor August 30, 1996.

Filed by the Secretary of State September 26, 1996.

96-450

ARGONNE NATIONAL LABORATORY WEEK

Whereas, Argonne National Laboratory was created as a logical extension of the Metallurgical Laboratory at the University of Chicago, which so materially contributed to America's victory in World War II; and

Whereas, the Laboratory is today a world-recognized leader in scientific research and development; and

Whereas, scientific and technological research at the Laboratory has led to significant advances in energy, health and biotechnology, materials and chemistry, climate and weather, environmental technology, computing and information, high-energy and nuclear physics, and nuclear-nonproliferation; and

Whereas, the Laboratory has played and continues to play a significant role in the emergence of the State of Illinois as a national center for science and technology; and

Whereas, the Laboratory enthusiastically cooperates with existing and new Illinois companies, believing that strengthening Illinois' technological base will create new jobs here and improve every citizen's quality of life; and

Whereas, the Laboratory also conducts joint research with and opens its facilities to researchers from Illinois' major universities; and

Whereas, Argonne National Laboratory this year marks its 50th anniversary of service to the State of Illinois and to the nation;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 16-22, 1996, as ARGONNE NATIONAL LABORATORY WEEK in Illinois.

Issued by the Governor September 6, 1996.

Filed by the Secretary of State September 16, 1996.

96-451

SAVE TODAY DAY

Whereas, violence is among the leading causes of death in America and has replaced disease as the number one killer of children; and

Whereas, domestic violence has devastating effects on a woman's physical and emotional well-being and her ability to care for her children; and

Whereas, violence comes in many forms: sexual violence, gang and peer-related violence, family violence, street violence, and violence in the media; and

Whereas, billions of dollars per year are attributable to preventable violence-related deaths and injuries, and add a tremendous burden to America's health care system; and

Whereas, the first step toward unraveling the many layers of our nation's violence problems can begin with awareness; and

Whereas, awareness and prevention are the heart of the SAVE Program and of its cornerstone event, SAVE Today, during which physicians' spouses across the country will join efforts to Stop America's Violence Everywhere; and

Whereas, members of the Illinois State Medical Society Alliance will lead the effort to urge local citizens to search for ways we can all help SAVE Today

for Tomorrow;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 9, 1996, as SAVE TODAY DAY in Illinois.

Issued by the Governor September 6, 1996.

Filed by the Secretary of State September 16, 1996.

96-452

GREAT PRINTERS DAY

Whereas, printing is the largest single manufacturing industry in Illinois, with more than 4,000 firms contributing an estimated \$9 billion annually to the Illinois economy; and

Whereas, representatives of the printing industry have joined with the Illinois Environmental Protection Agency, the Illinois Department of Commerce and Community Affairs, the Center for Neighborhood Technology and the Illinois Hazardous Waste Research and Information Center in a partnership called "The Illinois Great Printers Project;" and

Whereas, participation in the Illinois Great Printers Project is a smart and environmentally sound business decision that minimizes potential harm to human health and the environment while often improving the bottom line; and

Whereas, a Great Printer follows the "Great Printing Principles," including maximum reduction of waste, maximum energy efficiency, recycling, and continually monitors processes for maximum pollution prevention; and

Whereas, a Great Printer works with customers and vendors to reduce pollution and waste, such as using inks and solvents less destructive to the environment; and

Whereas, the Illinois Great Printers Project provides participants with an annual evaluation and the resources and assistance to comply with environmental, health, and safety laws in the most cost-effective manner; and

Whereas, Illinois printers are stepping forward to become Great Printers; and

Whereas, this increased level of participation is a fitting kick-off for National Pollution Prevention Week;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 16, 1996, as GREAT PRINTERS DAY in Illinois and encourage all printers to participate in this important partnership for environmental progress.

Issued by the Governor September 10, 1996.

Filed by the Secretary of State September 16, 1996.

96-453

ROCKFORD TOOLCRAFT, INC. COMMEMDED

Whereas, Jerry and Kathy Busse are the owners and operators of Rockford Toolcraft, Inc.; and

Whereas, Rockford Toolcraft, Inc. was founded in 1976 with two employees in a 1,500 square-foot factory; and

Whereas, 20 years later, Rockford Toolcraft, Inc. has grown to an operation that employs 85 people in its 82,000 square-foot facility; and

Whereas, Rockford Toolcraft, Inc. has played an important part in the economy of the Rockford community;

Therefore, I, Jim Edgar, Governor of the State of Illinois, commend

Rockford Toolcraft, Inc. for its 20 years of success.

Issued by the Governor September 10, 1996.

Filed by the Secretary of State September 16, 1996.

96-454

VETERANS DAY

Whereas, the men and women who have served in the Armed Forces of the United States of America have made major contributions toward the preservation of the freedom of this nation and its people; and

Whereas, the services performed by these millions of gallant Americans have demonstrated the willingness of our nation and its people; and

Whereas, the Congress of the United States of America has designated the 11th day of November of each year as Veterans Day; and

Whereas, Veterans Day has become a significant part of our national heritage as we recognize the important contributions of the millions of our citizens whose military service has had a profound effect on history; and

Whereas, the unselfishness of all those who served in the United States Armed Forces is a quality for which we are all grateful;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim November 11, 1996, as VETERANS DAY in Illinois in conjunction with the national observance. I ask that the day be observed with appropriate ceremonies in honor of those who have served the national purpose to preserve the principles of justice, freedom, and democracy.

Issued by the Governor September 10, 1996.

Filed by the Secretary of State September 16, 1996.

96-455

DR. HERBERT WEBB DAY

Whereas, Dr. Herbert Webb received his medical degree from the Medical College of Virginia in 1942; and

Whereas, Dr. Herbert Webb has been practicing medicine for 50 years and has spent more than 30 years practicing in Effingham, Illinois; and

Whereas, Dr. Webb has been an active member of the Illinois State Medical Society, the Academy of Family Physicians, the American College of Emergency Physicians, and the Effingham County Medical Society;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 20, 1996, as DR. HERBERT WEBB DAY in Illinois in celebration of Dr. Webb's 50 years as a physician and his service to the community of Effingham.

Issued by the Governor September 11, 1996.

Filed by the Secretary of State September 16, 1996.

96-456

DYSTONIA AWARENESS WEEK

Whereas, Dystonia is a neurological disorder in which disabling, involuntary muscle spasms twist parts or all of the body; and

Whereas, the cause of Dystonia, which may affect as many as 250,000 people in North America, is unknown and currently has no cure; and

Whereas, those who suffer from Dystonia, their families, and their friends have formed the Dystonia Medical Research Foundation to help each other

and to seek the cause and cure; and

Whereas, the public knows little about Dystonia, many citizens react to the physical manifestations of Dystonia by avoiding those who have this disorder, causing the sufferers to experience isolation and bear grave psychological harm; and

Whereas, greater recognition and understanding of Dystonia, both in the medical and the lay community, is important; and

Whereas, widespread public support of efforts to find the causes and cure for Dystonia is needed;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 16-23, 1996, as DYSTONIA AWARENESS WEEK in Illinois and encourage citizens to learn about this disorder and support those who suffer from it.

Issued by the Governor September 11, 1996.

Filed by the Secretary of State September 16, 1996.

96-456

DYSTONIA AWARENESS WEEK (REVISED)

Whereas, Dystonia is a neurological disorder in which disabling, involuntary muscle spasms twist parts or all of the body; and

Whereas, the cause of Dystonia, which may affect as many as 250,000 people in North America, is unknown and currently has no cure; and

Whereas, those who suffer from Dystonia, their families, and their friends have formed the Dystonia Medical Research Foundation to help each other and to seek the cause and cure; and

Whereas, the public knows little about Dystonia, many citizens react to the physical manifestations of Dystonia by avoiding those who have this disorder, causing the sufferers to experience isolation and bear grave psychological harm; and

Whereas, greater recognition and understanding of Dystonia, both in the medical and the lay community, is important; and

Whereas, widespread public support of efforts to find the causes and cure for Dystonia is needed;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 28-October 6, 1996, as DYSTONIA AWARENESS WEEK in Illinois and encourage citizens to learn about this disorder and support those who suffer from it.

Issued by the Governor September 11, 1996.

Filed by the Secretary of State September 20, 1996.

96-457

KATE AND ALFRED MARQUARDT CONGRATULATED

Whereas, Mary Kathryn Tomp and Alfred Glennon Marquardt were united in marriage on September 16, 1946, in Palmyra, Missouri; and

Whereas, Kate and Alfred are citizens of Quincy, Illinois, and have lived there their entire married lives; and

Whereas, Kate and Alfred are the parents of two daughters, Tara Kathryn Marquardt Powers (Jeff) of Cedar Hill, Texas, and Tammy Kay Marquardt McClure (Steve) of Springfield, Illinois; and

Whereas, Kate and Alfred are grandparents of Melissa Kaitlin Tomp Powers, Alex Michael Marquardt Powers, Kathleen Marquardt McClure, Steven David McClure

II, and Matthew Jordan McClure; and

Whereas, Alfred is retired from Moorman Manufacturing Company and is a veteran of World War II where he served as a corporal in the U.S. Marine Corps; and

Whereas, Kate enjoys politics, reading, gardening and her church, St. John's Episcopal; and

Whereas, Kate and Alfred will celebrate their 50th wedding anniversary on September 16, 1996;

Therefore, I, Jim Edgar, Governor of the State of Illinois, extend best wishes and sincere congratulations to Kate and Alfred on their golden wedding anniversary.

Issued by the Governor September 11, 1996.

Filed by the Secretary of State September 16, 1996.

96-458

MEXICAN AMERICAN CHAMBER OF COMMERCE OF ILLINOIS DAY

Whereas, the Mexican American Chamber of Commerce of Illinois, Inc. is celebrating its Seventh Annual Mexican Independence Day Champagne Business Breakfast and Reception on Friday, September 13, 1996, to celebrate Fiestas Patrias Mexicanas; and

Whereas, the Mexican American Chamber of Commerce of Illinois, Inc. serves as a conduit to foster business opportunities for the economic well-being of the Mexican American community in the State of Illinois; and

Whereas, the Mexican American Chamber of Commerce of Illinois, Inc. continues to build relations between the State of Illinois and Mexico for the betterment of our nations;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 13, 1996, as MEXICAN AMERICAN CHAMBER OF COMMERCE OF ILLINOIS DAY in Illinois.

Issued by the Governor September 11, 1996.

Filed by the Secretary of State September 16, 1996.

96-459

VILLAGE OF NEW LENOX CONGRATULATED

Whereas, the Village of New Lenox, Illinois, was incorporated as a municipality in the State of Illinois on October 4, 1946, and;

Whereas, over the past 50 years, the Village of New Lenox has grown to become a truly attractive and charming community, rich in natural beauty with an unparalleled quality of life; and

Whereas, civic pride abounds in New Lenox and is reflective of its residents' continued involvement in their community; and

Whereas, from its government to its religious, social, and civic organizations, New Lenox's vision to be the best remains constant; and

Whereas, the Village of New Lenox's motto is "Home of Proud Americans" and does aptly describe the values and ideals of this truly all American community; and

Whereas, the 50th Anniversary of the incorporation of the Village of New Lenox is an excellent time to celebrate the village's past and the prospects for an ever greater tomorrow;

Therefore, I, Jim Edgar, Governor of the State of Illinois, congratulate

the VILLAGE OF NEW LENOX on its 50th Anniversary of Incorporation.

Issued by the Governor September 11, 1996.

Filed by the Secretary of State September 16, 1996.

96-460

AMERICAN BUSINESS WOMEN'S DAY

Whereas, the American Business Women's Association (ABWA) is an organization which was founded in 1949; and

Whereas, the ABWA is dedicated to the professional, educational, cultural, and social advancement of business women, in addition to helping women prepare for leadership roles in business; and

Whereas, women have made innumerable contributions to both the public and private business sectors in the State of Illinois;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 22, 1996, as AMERICAN BUSINESS WOMEN'S DAY in Illinois.

Issued by the Governor September 13, 1996.

Filed by the Secretary of State September 20, 1996

96-461

CRITICAL CARE NURSE WEEK

Whereas, Critical Care Nurses are registered professional nurses who give critically ill patients optimal care through their individual professional accountability, thorough knowledge of the interrelatedness of body systems, and appreciation of the collaborative role of members of the health care team; and

Whereas, the American Association of Critical Care Nurses (AACN) was established in 1969 to assist members of this profession in keeping abreast with the technical advancements of the critical care environment; and

Whereas, AACN currently has more than 78,000 members nationwide, including more than 3,500 in Illinois; and

Whereas, in addition to basic preparation, critical care nurses must have advanced knowledge of the psychosocial, physiological, and therapeutic components specific to the care of the critically ill. The CCRN Certification, obtained only after passing a comprehensive examination and acquiring professional experience, is the national recognition of professional proficiency in critical care nursing;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim March 9-15, 1997, as CRITICAL CARE NURSE WEEK in Illinois.

Issued by the Governor September 13, 1996.

Filed by the Secretary of State September 20, 1996.

96-462

ISA/96 WEEK

Whereas, the State of Illinois welcomes the ISA/96 International Conference and Exhibition to Chicago's McCormick Place; and

Whereas, instrumentation, measurement and control are essential yet often overlooked components of the economic foundation of the United States; and

Whereas, measurement and control technology has enabled the United States to remain competitive through increased efficiency, high productivity and increasing product quality; and

Whereas, the people of Illinois congratulate all those involved who have helped make ISA/96 International Conference and Exhibition one of Chicago's most successful trade show events; and

Whereas, the Prairie State wishes to welcome more than 800 exhibitors and some 30,000 participants from around the world to our great state for ISA/96 International Conference and Exhibition;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 7-10, 1996, as ISA/96 WEEK in Illinois.

Issued by the Governor September 13, 1996.

Filed by the Secretary of State September 20, 1996.

96-463

IT IS OUR FIGHT TOO MONTH

Whereas, one out of eight women in the United States will develop breast cancer in her lifetime; and

Whereas, in Illinois, more than 7,000 women are diagnosed with invasive breast cancer each year; and

Whereas, it is important that all citizens educate themselves on how to support the women in their lives that are fighting breast cancer; and

Whereas, children, husbands, and brothers can offer strong emotional support as the women in their lives undergo breast cancer treatment; and

Whereas, it is especially important that this issue be highlighted to make sure that an entire family touched by breast cancer is helped in every way possible; and

Whereas, Kevin R. McCandless, of Champaign-Urbana, will play 180 or more holes of golf in a day to raise awareness in Illinois and funds for the Men's Crusade Against Breast Cancer's Mamography Fund;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1996 as IT IS OUR FIGHT TOO MONTH in Illinois and urge all families to support their loved ones in their struggles against this disease.

Issued by the Governor September 13, 1996.

Filed by the Secretary of State September 20, 1996.

96-464

PETER ROBERT LEHNER DAY

Whereas, Peter Robert Lehner was born on July 24, 1979, in Evanston, Illinois; and

Whereas, Peter has an excellent academic record at Evanston Township High School. He has been on the Honor Roll every quarter, and he is a member of the National Honor Society; and

Whereas, Peter Lehner is also a tri-captain of the swimming team, and he has also participated in golf and water polo; and

Whereas, Peter has long been involved with Boy Scouts, and he has served as senior patrol leader of Boy Scout Troop 29 in Evanston; and

Whereas, because of Peter Robert Lehner's dedication and drive, he was able to index and organize a large quantity of church curricula at Northminster Presbyterian Church and then delivered it for use at an inner-city church in Chicago; and

Whereas, as a result of this endeavor, Peter Robert Lehner is awarded Eagle Scout status;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 22, 1996, as PETER ROBERT LEHNER DAY in Illinois.

Issued by the Governor September 13, 1996.
Filed by the Secretary of State September 20, 1996.

96-465

FAYETTE COUNTY BOARD OF HEALTH CONGRATULATED

"Really believe in your heart of hearts that your fundamental purpose, your reason for being, is to enlarge the lives of others. Your life will be enlarged also. And all of the other things we have been taught to concentrate on will take care of themselves."

--Pete Thigpen, quoted in Credibility
by James M. Kouzes and Barry Z. Posner

Whereas, the Fayette County Board of Health provides effective leadership for the citizens of Fayette County through its oversight of the activities of the Fayette County Health Department; and

Whereas, through its actions, the Fayette County Board of Health promotes the core public health functions of assessment, policy development, and assurance; and

Whereas, the effectiveness of the public health strategies and tactics developed by the Fayette Board of Health have a direct and positive impact on the citizens of Fayette County in areas such as decreased infant mortality, increased levels of childhood immunization, low levels of food-borne illness, and a generally healthier population; and

Whereas, through the success of its activities, the Fayette County Board of Health has enlarged the lives of all residents which it serves; and

Whereas, the Fayette County Board of Health is celebrating its 20th anniversary with a reception held today, September 19, 1996;

Therefore, I, Jim Edgar, Governor of the State of Illinois, do congratulate the members of the Fayette County Board of Health, the administrators and staff of the Fayette County Health Department, and the citizens of Fayette County on the occasion of this important anniversary, and wish them the best of success in all future endeavors.

Issued by the Governor September 17, 1996.
Filed by the Secretary of State September 20, 1996.

96-466

ILLINOIS SYMPHONY ORCHESTRA DAY

Whereas, the Illinois Symphony Orchestra serves two communities, Springfield and Bloomington, as their only professional arts organization; and

Whereas, the Illinois Symphony Orchestra was developed with the merger of the Bloomington-Normal Symphony Society and the Springfield Symphony Orchestra Association in 1994; and

Whereas, to further broaden their repertoire and increase community participation in the orchestra's activities, the Springfield Symphony Chorus was founded in 1985; and

Whereas, the Illinois Symphony Orchestra has been referred to as "one of the best small orchestras in the country", and

Whereas, the Illinois Symphony Orchestra will be celebrating its 75th anniversary this season;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 21, 1996, as ILLINOIS SYMPHONY ORCHESTRA DAY in Illinois.

Issued by the Governor September 17, 1996.
Filed by the Secretary of State September 20, 1996.

96-467

LEIF ERIKSON DAY

Whereas, on October 6, 1996, the Norwegian National League of Chicago and the Scandinavian community are sponsoring the 72nd Annual Leif Erikson Festival on Leif Erikson Day at the Scandinavian Club; and

Whereas, the discovery of the North American mainland by Leif Erikson is one of the best documented historical events from the Viking age; and

Whereas, today we are not only paying tribute to a dangerous voyage made by a courageous Norwegian-Greenlander, but to all of the exploits of the Viking voyagers of the past 1,000 years and to their descendants who made the first settlements and explorations of the North American continent; and

Whereas, we are the true heirs of the Viking pathfinders and pioneers and we continue to carry on their traditions and engage in the building of the western culture and civilization;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 6, 1996, as LEIF ERIKSON DAY in Illinois.

Issued by the Governor September 17, 1996.
Filed by the Secretary of State September 20, 1996.

96-468

AFRICAN AMERICAN EDUCATORS' DAY

Whereas, on September 21, 1996, a Salute to African American Educators will be held at Union Baptist Church; and

Whereas, the Salute to African American Educators is sponsored by Springfield area community organizations; namely, the Central Illinois Chapter of The Links, Incorporated; Concerned African American Parents (CAAP); Frontiers International; Ministerial Alliance of Springfield & Vicinity; Springfield Branch NAACP; Springfield School District #186; The Foxes Social Club; The Greater African American Chamber of Commerce; Springfield Urban League and Zeta Phi Beta Sorority, Incorporated; and

Whereas, this annual event recognizes African American Educators for their outstanding contributions to education and to the students of this state; and

Whereas, the recruitment, employment, promotion and retention of African American educators is important to the overall value of diversity and inclusion within the educational setting; and

Whereas, self-esteem, pride and self-worth are enhanced by positive role models with whom students can interact and emulate, which serves the best interest of the City of Springfield, the State of Illinois and the United States of America;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 21, 1996, as AFRICAN AMERICAN EDUCATORS' DAY in Illinois.

Issued by the Governor September 20, 1996.

Filed by the Secretary of State September 26, 1996.

96-469

CHILD HEALTH MONTH

Whereas, members of the Child Health Month Partnership, joined by corporations, other organizations and religious institutions, are organizing dozens of activities and events to take place during October to raise awareness about such topics as preschool immunization, childhood lead poisoning, prenatal care, violence prevention, nutrition, physical fitness, substance abuse, and injury prevention; and

Whereas, good health provides the foundation for a child's proper emotional, intellectual and physical development; and

Whereas, many precautions can be taken in order to provide proper care such as prenatal care, as well as checkups, proper nutrition and immunizations to help guard against disease in very young children; and

Whereas, education programs can provide young people with information about healthy life skills and choices while trying to prevent children from becoming exposed to health risks; and

Whereas, many young people are at risk for sexually transmitted diseases including HIV; and

Whereas, many children and adolescents remain unable to obtain basic child care; and

Whereas, children and adolescents need healthy families and supportive communities to thrive;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1996 as CHILD HEALTH MONTH in Illinois.

Issued by the Governor September 20, 1996.

Filed by the Secretary of State September 26, 1996.

96-470

FAMILY HEALTH MONTH

Whereas, Illinois family physicians have a history of dedication to our health and well-being and a continued commitment to upgrade the quality of available medical care; and

Whereas, Family Practice is the specialty that provides training in the treatment of all age groups and organ systems, as well as in obstetrical care, which is so needed in the State's many medically underserved areas; and

Whereas, family physicians believe prevention and early diagnosis of healthcare problems provide a better chance for complete cure and recovery and the most timely and cost-effective form of healthcare delivery; and

Whereas, there has been a call to improve the supply of primary care physicians--especially family physicians--to provide the type of comprehensive, preventive care that is necessary in a reformed cost-effective and efficient healthcare system; and

Whereas, there is a shortage of family physicians and other primary care physicians to provide care to the families in Illinois; and

Whereas, the Illinois Academy of Family Physicians is committed to making family physicians available to all citizens of our state to promote the importance of regular checkups and wellness;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim

October 1996 as FAMILY HEALTH MONTH in Illinois.

Issued by the Governor September 20, 1996.

Filed by the Secretary of State September 26, 1996.

96-471

FIRST BAPTIST CHURCH DAY

Whereas, the First Baptist Church of Roxana, Illinois, was organized on September 28, 1921; and

Whereas, the Church joined in fellowship with the General Association of Regular Baptist Churches in 1937; and

Whereas, the First Baptist Church has been an important part of the community in Roxana; and

Whereas, the First Baptist Church has been founded upon the faith and dedication of its members; and

Whereas, the First Baptist Church of Roxana, Illinois, is celebrating its 75th anniversary;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 28, 1996, as FIRST BAPTIST CHURCH DAY in Illinois.

Issued by the Governor September 20, 1996.

Filed by the Secretary of State September 26, 1996.

96-472

GRAYSLAKE HIGH SCHOOL DAY

Whereas, Grayslake High School has been an integral part of the community of Grayslake; and

Whereas, Grayslake High School has been instrumental in the education of many individuals; and

Whereas, since 1946, Grayslake High School has given fond memories to its many graduates and current students; and

Whereas, Grayslake High School and the Grayslake American Business Women's Association will hold a pep rally celebration of the School's 50th Anniversary;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 27, 1996, as GRAYSLAKE HIGH SCHOOL DAY in Illinois.

Issued by the Governor September 20, 1996.

Filed by the Secretary of State September 26, 1996.

96-473

HISPANIC HERITAGE MONTH

Whereas, Illinois' Hispanic-American population continues to grow significantly and contributes greatly to the economic, cultural, and civic prosperity of our state; and

Whereas, Hispanic-Americans have demonstrated their dedication to the ideals and principles upon which the United States was founded; and

Whereas, the countries of Belize, Bolivia, Mexico, Nicaragua, Spain, Guatemala, Honduras, Chile, Costa Rica, and El Salvador celebrate independence days or national holidays between September 15 and October 15; and

Whereas, Congress approved a Joint Resolution September 17, 1968, requesting and authorizing the president to annually issue a proclamation

designating the one month period from September 15 to October 15 as National Hispanic Heritage Month;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 15-October 15, 1996, as HISPANIC HERITAGE MONTH in Illinois and urge all Illinoisans to recognize the contributions of Hispanics.

Issued by the Governor September 20, 1996.

Filed by the Secretary of State September 26, 1996.

96-474

JUDGE ABRAHAM LINCOLN MAROVITZ DAY

Whereas, Judge Marovitz has been dedicated to public service throughout his life; and

Whereas, Abraham Lincoln Marovitz has had a distinguished career as a United States District Judge; and

Whereas, Judge Marovitz has been a continual supporter of civil rights and was recognized for this commitment by the Independent Voters of Illinois, the B'nai B'rith Anti-Discrimination League, and others; and

Whereas, Judge Marovitz has also been active in many civic organizations, serving as trustee of the Illinois Historical Society, a member of the Advisory Board of YMCA of Metropolitan Chicago, and many others; and

Whereas, Judge Abraham Lincoln Marovitz has received many honors, such as the Horatio Alger Award, the Chicago Park District's "Senior Citizen of the Year" award, and the Union League Club's "Distinguished Public Service" award; and

Whereas, Judge Marovitz has been selected as an honoree by the Illinois Alliance for Aging for his lifelong commitment to civil rights, his distinguished service as a U.S. District Court Judge, and his dedication, service, and counsel to numerous organizations;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 28, 1996, as JUDGE ABRAHAM LINCOLN MAROVITZ DAY in Illinois.

Issued by the Governor September 20, 1996.

Filed by the Secretary of State September 26, 1996.

96-475

POLISH AMERICAN HERITAGE MONTH

Whereas, nearly one million residents of Polish descent in the Chicago Metropolitan area join in celebration of their Polish heritage during the month of October; and

Whereas, Polish immigrants sought freedom, democracy, and a better way of life in America and brought with them their cherished national customs, their love of closely-knit family life, and their love for their adopted country; and

Whereas, October is a national observance focusing on the many contributions of Polish Americans to the fields of science, medicine, business, law, industry, public service, education, and the arts; and

Whereas, the celebration will also commemorate the 250th anniversary of the birth of Thaddeus Kosciuszko, a Revolutionary War hero from Poland, whose vision led to the establishment of West Point; and

Whereas, in October, we join Americans of Polish descent to celebrate their priceless heritage of humanitarianism, tolerance, and democracy;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim

October 1996 as POLISH AMERICAN HERITAGE MONTH in Illinois.

Issued by the Governor September 20, 1996.

Filed by the Secretary of State September 26, 1996.

96-476

QUALITY MONTH

Whereas, a commitment to excellence in manufacturing and service is essential to our nation's long-term economic welfare; and

Whereas, over the years, American craftsmen have shown great personal pride and interest in developing quality goods and services; and

Whereas, individual workers, business managers, labor leaders, educators, and government officials must all work to promote a standard of excellence in the public and private sectors; and

Whereas, from the smallest to the largest manufacturing and service organizations in Illinois, total quality and continuous improvement are major concerns of all who believe in the long-term existence of their operations; and

Whereas, the American Society for Quality Control, an international society with more than 137,000 members worldwide, is taking part in a national campaign to stimulate, support, and strengthen America's commitment to quality in all types of organizations; and

Whereas, the Central Illinois Section of the American Society for Quality Control will sponsor activities in Decatur, Illinois, on October 3, 1996, in support of this national awareness campaign;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1996 as QUALITY MONTH in Illinois.

Issued by the Governor September 20, 1996.

Filed by the Secretary of State September 26, 1996.

96-477

ROSA PARKS DAY

Whereas, December 1, 1995, marked the 40th anniversary of Ms. Rosa Parks' refusal to move to the back of a bus in Montgomery, Alabama, sparking a historic 381 day bus boycott that helped launch the Civil Rights Movement; and

Whereas, Ms. Parks' simple act of courage set in motion a chain of events that changed forever the landscape of American race relations; and

Whereas, Rosa Parks is known as the Mother of the Civil Rights Movement, whose courage and strength helped to develop nonviolent social change; and

Whereas, because of her dedication to the Civil Rights Movement, Rosa Parks is being honored with a Quiet Strength 40th Anniversary Celebration;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim September 30, 1996, as ROSA PARKS DAY in Illinois.

Issued by the Governor September 20, 1996.

Filed by the Secretary of State September 26, 1996.

96-478

CHIROPRACTIC HEALTH CARE MONTH

Whereas, doctors of chiropractic throughout the United States are active in community programs targeted at improving the health of our citizens; and

Whereas, chiropractors have long stressed that exercise, good posture,

and balanced nutrition are essential to proper growth, development, and health maintenance; and

Whereas, the science of chiropractic and the physicians who practice it have contributed greatly to the better health of some two million of our state's citizens; and

Whereas, the Illinois Chiropractic Society will hold its fall convention October 4-6, 1996;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1996 as CHIROPRACTIC HEALTH CARE MONTH in Illinois.

Issued by the Governor September 23, 1996.

Filed by the Secretary of State September 26, 1996.

96-479

GFWC ILLINOIS JUNIOR WOMEN'S CLUB WEEK

Whereas, the GFWC Illinois Federation of Women's Clubs' Junior Organization has been serving Illinois communities for more than 50 years; and

Whereas, the GFWC Illinois Junior Women's Club is an all-volunteer organization that donated 822,962 hours on 9,944 projects/programs and donated more than 2.1 million dollars during 1995; and

Whereas, the GFWC Illinois Junior Women's Club has worked with such programs as the Children's Research Foundation and has also been involved with children at risk, youth literacy, and safety for older Americans;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 6-12, 1996, as GFWC ILLINOIS JUNIOR WOMEN'S CLUB WEEK in Illinois.

Issued by the Governor September 23, 1996.

Filed by the Secretary of State September 26, 1996.

96-480

HANDBALL WEEK

Whereas, the Nicholas M. Lattof International YMCA of Metropolitan Chicago will host the 68th annual YMCA handball championships; and

Whereas, top caliber players from all over the United States and other nations will participate in competition, in categories from 11 years and under to 80 years and over, demonstrating the universal appeal of this vigorous sport; and

Whereas, handball is an excellent form of exercise that can contribute to good health and physical fitness for many citizens; and

Whereas, this popular game is as exciting for spectators as it is for participants as they watch players competing in a court 20' by 40' with a handball traveling at speeds up to 100 miles per hour;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 31-November 3, 1996, as HANDBALL WEEK in Illinois.

Issued by the Governor September 23, 1996.

Filed by the Secretary of State September 26, 1996.

96-481

SNOWMOBILE SAFETY AWARENESS WEEK

Whereas, the family sport of snowmobiling is enjoyed by more than 100,000 men, women, and children in Illinois; and

Whereas, snowmobiling represents a facet within Illinois' winter tourism industry contributing to the state's economy with 58,500 registered snowmobiles; and

Whereas, thousands of dedicated snowmobile club members volunteer their efforts each year to maintaining the 1,500 miles of snowmobile trails enjoyed by many diverse winter recreationists, including cross-country skiers, mushers, and snowmobile enthusiasts; and

Whereas, the Illinois Association of Snowmobile Clubs and the Illinois Department of Natural Resources have joined together to educate the snowmobiling public as to safe and responsible snowmobiling for 21 years; and

Whereas, more than 22,000 citizens of the state have successfully completed the Snowmobile Safety Education Program taught by volunteer instructors and the Illinois Department of Natural Resources staff; and

Whereas, employing responsible riding practices, such as avoiding alcohol and operating at safe speeds, makes Illinois' snowmobiling experience safe and enjoyable;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim December 8-14, 1996, as SNOWMOBILE SAFETY AWARENESS WEEK in Illinois, and in the interest of safe and enjoyable snowmobiling, encourage all snowmobilers to take advantage of Snowmobile Safety Education Programs, and through their actions and the example they provide, preserve and enhance the family sport of snowmobiling.

Issued by the Governor September 23, 1996.

Filed by the Secretary of State September 26, 1996.

96-482

NATIONAL WILDLIFE REFUGE WEEK

Whereas, National Wildlife Refuge Week recognizes nearly a century of conservation in the United States; and

Whereas, President Theodore Roosevelt established the first National Wildlife Refuge in 1903 on Pelican Island, Florida; and

Whereas, today, the National Wildlife Refuge System encompasses more than 500 refuges across the United States including one or more refuges in every state; and

Whereas, the State of Illinois includes eight National Wildlife Refuges on 106,585 acres which are public treasures set aside for wildlife; and

Whereas, National Wildlife Refuges encompass every kind of ecosystem in the United States including temperate, tropical, and boreal forests, wetlands, deserts, grasslands, and remote islands and support hundreds of endangered and threatened wildlife species; and

Whereas, many National Wildlife Refuges are open to the public so that all citizens can enjoy watching, photographing, hunting, and fishing and learning about our natural heritage;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 5-13, 1996, as NATIONAL WILDLIFE REFUGE WEEK in Illinois.

Issued by the Governor September 24, 1996.

Filed by the Secretary of State September 26, 1996.

96-483

OLIVE BRANCH LODGE NO. 38 DAY

Whereas, the Olive Branch Lodge No. 38, Ancient Free and Accepted Masons, of the Masonic Temple has long been an important part of the Danville community; and

Whereas, through the great leadership and guidance of historic masters such as William E. Russell, J. P. Norvell, and W. J. Calhoun, the Olive Branch Lodge No. 38 has flourished; and

Whereas, the Masonic Temple has always been a patriotic organization whose fundamental teachings are obedience to the law and upholding the principles of the Constitution of the United States; and

Whereas, the Olive Branch Lodge No. 38 has served its community, through acts of charity and benevolence, and its country during times of war; and

Whereas, the Olive Branch Lodge No. 38 will celebrate its 150th anniversary;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 6, 1996, as OLIVE BRANCH LODGE NO. 38 DAY in Illinois.

Issued by the Governor September 24, 1996.

Filed by the Secretary of State September 26, 1996.

96-484

PRINCIPALS' WEEK

Whereas, the principal is the recognized educational leader of a school; and

Whereas, the principal creates the vision and sets the expectation for a high level of student achievement and faculty performance; and

Whereas, the principal establishes a positive climate for learning and the attainment of educational goals; and

Whereas, the State of Illinois recognizes and salutes the accomplishments, skills, and commitments to excellence of its principals; and

Whereas, the Illinois Principals Association, under the leadership of its president, Dr. Phillip Silsby, will hold its annual statewide Professional Conference this week in Itasca;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 20-26, 1996, as PRINCIPAL'S WEEK in Illinois.

Issued by the Governor September 24, 1996.

Filed by the Secretary of State September 26, 1996.

96-485

SAFE AT HOME WEEK

Whereas, home safety is of great importance to all Illinoisans; and Whereas, to ensure safety at home, public awareness and education are imperative; and

Whereas, to better educate the citizens of Illinois on home safety, NICOR Energy Services and Northern Illinois Gas are sponsoring a safety campaign that emphasizes the prevention of carbon monoxide poisoning through annual furnace maintenance;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 13-19, 1996, as SAFE AT HOME WEEK in Illinois.

Issued by the Governor September 24, 1996.

Filed by the Secretary of State September 26, 1996.

96-486

STUDENT VOTER EDUCATION DAY

Whereas, one of the fundamental rights existing in a democratic society is the right to vote and choose one's representatives; and

Whereas, there has been a dramatic decline in the number of young adults registering and voting nationally; and

Whereas, the State of Illinois believes that one of the responsibilities of education is to encourage the registration of all eligible voters; and

Whereas, the State of Illinois encourages the efforts of its student citizens to further embrace the ideals associated with the election process that exists in a free society, to exercise the right to vote and to cherish their freedom;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 2, 1996, to be STUDENT VOTER EDUCATION DAY in Illinois.

Issued by the Governor September 24, 1996.

Filed by the Secretary of State September 26, 1996.

96-487

UNIVERSITY OF ILLINOIS-NAVY PIER MONTH

Whereas, the University of Illinois' Navy Pier branch in Chicago opened during the fall of 1946; and

Whereas, this undergraduate branch of the University of Illinois offered courses for undergraduates in the liberal arts and sciences, commerce, engineering, architecture and physical education; and

Whereas, for the next 19 years, the Navy Pier branch of the University of Illinois provided 100,000 students with the educational, social, and cultural programs consistent with University of Illinois tradition; and

Whereas, in 1965, the university's campus, now the U of I at Chicago, opened and the Navy Pier division closed; and

Whereas, the University of Illinois will celebrate the 50th anniversary of the opening of the Navy Pier campus;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1996 as UNIVERSITY OF ILLINOIS-NAVY PIER MONTH in Illinois.

Issued by the Governor September 24, 1996.

Filed by the Secretary of State September 26, 1996.

Rules acted upon during the quarter of July 1 through September 30, 1996 are listed in the Issues Index by Title number, Part number and Issue number. For example, 50 Ill. Adm. Code 952 published in Issue 2 will be listed as 50-952-2. Inquiries about the Issues Index may be directed to the Administrative Code Division at 217-782-4414 or jnatale@ccgate.sos.state.il.us (Internet address).

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